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COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

May 7, 1970  
Sudbury Public Library  
SUDBURY, Ontario







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2 INTO THE  
3 NON-MEDICAL USE OF DRUGS

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5 SUR L'USAGE DES DROGUES  
6 A DES FINS NON MEDICALES

7 BEFORE:

8 Gerald LeDain, Chairman,  
9 Ian Campbell, Member,  
10 H. E. Lehmann, M.D., Member,  
11 James J. Moore, Executive Secretary,  
12 J. Peter Stein, Member.

13 RESEARCH:

14 Dr. Charles Farmilo.

15 SECRETARY TO THE CHAIRMAN:

16 Vivian Luscombe.

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23  
24 May 7, 1970  
25 Sudbury Public Library  
26 SUDBURY, Ontario





1 --- Upon commencing at 9:40 a.m.

2 THE CHAIRMAN: Ladies and  
3 gentlemen, I call this hearing of the Commission of  
4 Inquiry Into the Non-Medical Use of Drugs to order.

5 I wonder if it might be possible  
6 for us to sit closer to each other if you wouldn't  
7 mind coming down closer. We feel a little far away  
8 here.

9 Thank you very much.

10 I should like to begin by  
11 introducing the members of the Commission and staff  
12 who are here today. On my far right is Dean Ian  
13 Campbell of Montreal; on my immediate right Heinz  
14 Lehmann; on my left Mr. James Moore, Executive-  
15 Secretary; and on my far left, Mr. J. Peter Stein  
16 of Montreal. At the table to my<sup>left</sup> is Mrs. Vivian Luscombe,  
17 my secretary on the Commission, and Dr. Farmilo,  
18 research associate. We regret Marie Andree Bertrand  
19 is not able to be here today. I should like to read  
20 a statement which outlines the background of the  
21 Commission's appointment and its terms of reference  
22 and something in the way of which it interprets its  
23 task.

24 The Commission of Inquiry Into  
25 the Non-Medical Use of Drugs was appointed by the  
26 federal government on May 29th last year, upon the  
27 recommendation of the Hon. John Munro, Minister of  
28 National Health and Welfare.

29 The Commission has an independent  
30 status under Part 1 of the Inquiries Act.





The concern which gave rise to the appointment of the Commission is described in Order in Council which authorized the appointment in the following words: "There is growing concern in Canada about the non-medical use of certain drugs and substances, particularly those having sedative, stimulant, tranquillizing or hallucinogenic properties, and the effect of such use on the individual and the social implications thereof.

Within recent years, there has developed also the practice of inhaling of the fumes of certain solvents having an hallucinogenic effect, and resulting in serious physical damage and a number of deaths, such solvents being found in certain household substances. Despite warnings and considerable publicity, this practice has developed among young people and can be said to be related to the use of drugs for other than medical purposes.

Certain of these drugs and substances, including lysergic acid diethylamide, (LSD,) methamphetamines, commonly referred to as "Speed", and certain others, have been made the subject of controlling or prohibiting legislation under the Food and Drugs Act, and cannabis, marijuana, has been a substance, the possession of or trafficking in which has been prohibited under the Narcotic Control Act.

Notwithstanding these measures and the competent enforcement thereof by the R.C.M.P., and other enforcement bodies, the incidents of possession and use of these substances for non-





1 medical purposes has increased and the need for an  
2 investigation as to the cause of such increasing use  
3 has become imperative."

4 In announcing the Commission's  
5 appointment, the Minister of National Health and  
6 Welfare spoke of the "grave concern felt by the  
7 government at the expanding proportions of the use  
8 of drugs and related substances for non-medical  
9 purposes."

10 The terms of reference defining  
11 the Commission's inquiry into the non-medical use of  
12 psychotropic drugs and substances mention sedatives,  
13 stimulants, tranquillizers and hallucinogens.

14 For the present, the Commission  
15 understands "drug" to mean any substance which  
16 chemically alters structure or function in the living  
17 organism, and "psychotropic" drugs as those which  
18 alter sensation, feeling, consciousness and  
19 psychological or behavioural functions. The Commission  
20 has tentatively defined "medical use" in terms of  
21 generally accepted medical practice -- under medical  
22 supervision or not. All other use is " non-medical  
23 use".

24 By itself, a prescription does  
25 not distinguish medical from non-medical use. A  
26 non-prescription drug like aspirin may be taken for  
27 medical use. Or a prescription drug may be taken for  
28 generally accepted medical reasons, then no longer  
29 required.

30 The Commission is invited by





its terms of reference to "marshal the present fund of knowledge concerning the non-medical use of sedative stimulant, tranquillizing, hallucinogenic and other psychotropic drugs or substances."

But since an interim report is expected shortly, and a final report within two years, the Commission will have to be selective.

It must consider what appear to be the principal issues which led to its appointment.

The Commission has the initial impression that its primary focus must be on the non-medical use of drugs by the young and by adults as it relates to or affects the use of drugs by youth.

The Commission has drawn up a preliminary classification of psychoactive drugs, which falls into the following eight categories; hypnotics-sedatives; stimulants; psychedelic-hallucinogenics; opiates-narcotics; volatile solvents and gases; analgesics (non-narcotic painkillers); clinical anti-depressants; and major tranquillizers.

The Commission sees its primary emphasis on the following categories:

1. The psychedelic-hallucinogenic, which includes cannabis (marijuana and hashish), LSD and mescaline and the other "restricted drugs placed under the new schedule J of the Food and Drugs Act: DMT, STP (DOM), and DET;

2. The stimulants, including such amphetamines as benzadrine and methadrine -- generally referred to as "speed";





1 3. The volatile solvents and  
2 gases - often referred to as "delirients", such as  
3 glue, nailpolish remover, and paint thinner;

4 4. The sedative hypnotics,  
5 such as the barbiturates (used as sleeping pills),  
6 the minor tranquillizers, and ethyl alcohol;

7 5. The opiate-narcotics, such  
8 as heroin.

9 Alcohol and nicotine are clearly  
10 mood-modifying drugs used for non-medical reasons  
11 and therefore within the terms of reference. However,  
12 the Commission could not possibly perform its task  
13 if it were required to consider the extensive research  
14 carried out on these substances. A realistic view  
15 compels the Commission to regard the non-medical use  
16 of alcohol and nicotine in their relation to the  
17 non-medical use of other psychotropic drugs. This  
18 is also the Commission's position, at least initially,  
19 on the non-medical use of the opiate-narcotics, such  
20 as heroin.

21 These so-called "hard drugs"  
22 are not excluded from the terms of reference, because  
23 they do have psychotropic properties. But as with  
24 alcohol and nicotine, the Commission cannot hope to do  
25 justice to the extensive literature on the subject.  
26 The "hard drugs" are therefore to be examined in  
27 their possible relationship to the non-medical use  
28 of the "soft drugs."

29 Two contentions brought to the  
30 Commission's attention may illustrate what is meant





1 by "relationship" to the non-medical use of soft  
2 drugs.

3                   The first contention is that  
4 extensive social use of alcohol not only creates a  
5 permissive climate of drug use, but also reflects a  
6 provocative injustice and even hypocrisy in our  
7 legislative and law enforcement attitudes. The  
8 second contention is that the use of certain soft drugs  
9 like cannabis (marijuana) leads very often, if not  
10 generally, to hard drug addiction.

11                   What are the issues in this  
12 inquiry? The Commission must investigate the extent  
13 of the non-medical use of mood-modifying drugs in  
14 Canada. That means the pattern of drug use; the drugs  
15 and various groups or populations involved, according  
16 to age, occupation, etc; the movement from one drug  
17 to another.

18                   The Commission must investigate  
19 physical and psychological effects on behaviour of  
20 the individual concerned, effects on others, and effects  
21 on society. Finally, and by no means least important,  
22 the Commission must investigate the reasons for the non-  
23 medical use of drugs -- not only the personal reasons  
24 or motivation, but the social, educational, economic,  
25 philosophic and other reasons. In other words, what  
26 is the meaning or larger significance of this  
27 phenomenon? What is the true nature of the challenge  
28 it presents to our civilization?

29                   It is imperative that we have  
30 the views of as many Canadians as possible. This is





1 not solely a technical question for experts; it is  
2 a broad social issue, going to the very nature of human  
3 existence in our time. It is a question to which  
4 everyone can contribute a measure of insight and  
5 wisdom. And now I should like to say a few words  
6 about the procedure which we follow in our public  
7 hearings. Our public hearing, of course, are only  
8 one of the methods of inquiry, which we are employing.  
9 We are holding private hearings with various  
10 individuals and consulting the experts and having  
11 research of various kinds. But we attach a great  
12 deal of importance to our public hearings and we  
13 believe the decisions in this field can be found to  
14 be of a moral nature, and are the responsibility  
15 of all Canadians, and it is important to us to attempt  
16 to form some idea of the social response to this  
17 phenomena, to come into contact with the actual users  
18 and have the view of as many Canadians as possible  
19 to see the manners of this problem, and what they  
20 think is a feasible and wise response to it. So  
21 further, I should like to -- we desire at these  
22 public hearings to stimulate as far as possible a  
23 general public forum in the discussion of this  
24 question and we invite everyone to give us the  
25 benefit of their views. It is not necessary to have  
26 a formal brief, much less a written brief here today,  
27 and we invite everyone to address us and we have  
28 microphones placed in the aisles for that purpose,  
29 and we hope you can give us the benefit of your  
30 understanding and advice. The procedure we follow





1 is, we have a schedule of submissions, and at the  
2 conclusion of each scheduled submission, there is an  
3 opportunity for questions and observations both by  
4 the Commission and others who are present.

5 Finally I should like to make  
6 this observation. It is inevitable as we cross the  
7 country and see these hearings, that people may think  
8 well, the Commission must have heard everything by  
9 now and we have little that we can add that would be  
10 new. I should like you to know that from our point  
11 of view, it is quite the contrary. First of all, we  
12 are under no illusion that we understand this  
13 phenomena, if we are ever going to be able to--far  
14 from it. But, we are impressed by each place we  
15 come to, and first of all is the local experience.  
16 The local view is quite important and then there is  
17 also the various facets.

18 And secondly, even the  
19 confirmation of what we have heard is of great value  
20 to us, because we are trying to form a sound judgment  
21 as to what is true about this phenomenon and its  
22 various many facets and therefore it is very important  
23 for us to get a sense of the weight of opinion in  
24 these matters and so the confirmation of what we have  
25 heard or repetition of it is of great value to us.  
26 So please do not feel in any way inhibited by the  
27 thought we have been in several cities in this  
28 country. Now we have come here in--a further  
29 observation I would like to make because there was  
30 some allusion made of it. Our interim report has



1       been completed and is only waiting completion of  
2       translation and therefore, publication. So what is  
3       said at this hearing can not obviously enter, in  
4       any sense,<sup>into</sup> drafting of the interim report, but  
5       we are already half way through our short term of  
6       office of two years, and we are working now in the  
7       preparation of our final report, so that what we  
8       hear today is assisting us in coming to conclusions  
9       for purposes of our final report. So it is just  
10      as well and timely and important to our work as  
11      what we hear before we draft our interim report.  
12      It is very important that this be understood. We  
13      only have one more year to go and this phenomenon  
14      is changing very rapidly. Our understanding is that  
15      public perceptions of it are evolving, the whole  
16      scene is changing so that what we hear today, has an  
17      opportunity to contribute in a timely way to our  
18      understanding and as I say we are already on the work  
19      and preparation of our final report for which we have  
20      little enough time so there would be no sense --  
21      there is no need for any sense of anti-climax in this  
22      hearing.

23                               Now I want to point out that  
24      those who wish to do so are free to express themselves  
25      in French. We do not have translation facilities here,  
26      but you are nevertheless free to express yourself  
27      in either French or English.

28                               I will call now on Miss Genevra  
29      Richards, Executive Director of the YWCA. Would  
30      Miss Richards like to be seated at this table please?





1 THE CHAIRMAN: Miss Richards?

2 MISS RICHARDS: Would you like  
3 me to read this submission?

4 THE CHAIRMAN: Yes, I think  
5 that would be helpful for those who are present.

6 MISS RICHARDS: Recently the  
7 Board of Directors of the YWCA of Canada issued the  
8 following statement concerning the drug sub-culture.  
9 It pledged: to prepare itself to assist local  
10 associations to meet day to day problems. To  
11 support and co-operate with other organizations active  
12 in this field. To engage in action which will promote  
13 a consistent and contemporary legal policy, and to  
14 undertake to work through-out this sub-culture to the  
15 basic causes of drug abuse and to commit the YWCA to the  
16 social and institutional changes necessary to eliminate  
17 these causes.

18 We as a local association are  
19 represented in this decision by our National Council.

20 In clarifying the meaning of  
21 "sub-culture", these definitions were given:

22 Culture involves all that  
23 goes into making a society what it is -- technological  
24 knowledge, mores, customs, ideologies and values.

25 All cultures are integrated,  
26 with any part of the culture affecting all other  
27 parts and no aspect can be changed without  
28 changing the whole of the culture.

29 A sub-culture is an integral  
30 part of any culture. Any division, while it cannot





1 be separated, exists as a recognized group. Any kind  
2 of a division within society that is conditioned by  
3 that society, but cannot be removed from that society  
4 without changing society, is a sub-culture. Sub-  
5 cultures overlap and a person may be a part of several  
6 sub-cultures.

7 As Sudbury YWCA staff, our aware-  
8 ness of the drug sub-culture began about nine years  
9 ago when we had some University students living in  
10 our residence. We found that it was a common practice  
11 for students to telephone the local physicians at  
12 exam time for prescriptions for amphetamines. These  
13 were phoned into a drug store, and the students used  
14 them to stay awake for long periods of time to cram for  
15 exams. As the practice was confined to final exam  
16 time (so far as we were aware) and students returned  
17 home immediately afterward, we did not see any long  
18 term results of this usage.

19 In the late summer of 1967 we  
20 were suddenly invaded by large numbers of young  
21 girls, brought to the door by boyfriends, neither  
22 having any money. The boys attempted to work in the  
23 mines. The girls were mainly from Toronto or the  
24 Blind River-Elliott Lake area. With them in residence,  
25 "pot parties" entered into the conversation. Our  
26 primary problem was still underage girls being  
27 served in hotels, or returning intoxicated from beach  
28 parties and weekends at camp; but the drug sub-culture  
29 had arrived.

30 These girls who moved into town



late that summer found it difficult to find employment. We had little to offer in the way of housing except temporary beds, but as our rules were a little too strict, as soon as the boys got their first pay after 3 weeks or a month, they moved into joint accommodation.

That summer teen-age prostitution flourished.

Many of the girls were between 16 and 18, and we tried to get them to go back home. Some did, but about 3 months later they would be back again looking for a bed for the night. So far as we knew at that time no group had set up any kind of crash pad although the communications grapevine was extremely efficient. At this time we had a number of girls stop overnight or for several days while they searched the area for younger sisters who had become addicted to drugs and were following pushers west to Vancouver.

The next summer, 1968, we still had the basic problem of alcoholism, but drugs were becoming more openly used and discussed.

March 1969 was the beginning of a new migration. This group came primarily from the Hamilton, Belleville, Niagara area and the talk now was of acid rather than pot. There was constant traffic back and forth between Hamilton and Sudbury for several months. Parents came to try to return their daughters home for the 4th or 5th time at the age of 16. The girls would not go home, or said they would not go further than Toronto. Some young people





1 were back and forth to Toronto several times a week.  
2 The girls checked in at the YWCA for mail, for food,  
3 to pick up their clothes, and sometimes to have a  
4 long talk. Based on this experience we tried to find  
5 a person to serve as a detached street worker in the  
6 summer of 1969, but were unsuccessful. In the meantime,  
7 a crash pad was established on Drinkwater Street, the  
8 summer weather turned balmy, and there were problems  
9 with motorcycle gangs in the city. The mines went  
10 on strike, rooms were easy to find, so we had fewer  
11 young people on our overcrowded doorstep. By this time  
12 we had a new group of permanent residents - all under  
13 23, and all very much a part of the mod world. Liquor  
14 was no longer much of a problem.

15 Some of the girls in residence  
16 were very upset when they found that their boyfriends  
17 were involved in the drug traffic. However, they  
18 either could or would not report them or break away  
19 from them, so ended up using drugs themselves.

20 We realized that within a period  
21 of three years the use of drugs had spread from a  
22 small percentage of those 18 or younger to about 75%  
23 of the same age group coming into contact with our staff.  
24 The "glue-sniffers" had become pot and acid users --  
25 in age range if not in actual fact. At this period we  
26 were told that "everybody" knew how to get drugs if they  
27 wanted them.

28 The time to clarify legality,  
29 responsibility for drug crisis centers, dissemination  
30 of factual information to teenagers is well past.





1 Parents and concerned adults must accept the fact  
2 that drugs are not coming -- they are here.

3 The young people -- on the  
4 college and university level -- who are a part of  
5 this sub-culture are investigating every avenue to  
6 develop a drop-in-center where young people who are  
7 having problems can secure help -- with a crisis --  
8 to kick the habit -- to find friends.

9 About all that the YWCA is able  
10 to do at this point is lend facilities for a drop-in  
11 center; try to make available information which is  
12 as factual as possible so that people can make decisions  
13 for themselves and so that they are aware of the need  
14 to be sure of the back up services which are available.

15 Also, during that same period  
16 between 1967 and 1969 we had a number of girls from  
17 psychiatric units who were on medication. One thing  
18 which was distrubing about this group was that they  
19 would have prescriptions from several doctors for  
20 tranquillizers and would frequently take more than one  
21 kind at a time. Whenever we could we confiscated  
22 extra pills, but this was not always possible. There  
23 were a number of attempted suicides through overdose  
24 in 1968.

25 THE CHAIRMAN: Thank you  
26 Miss Richards.

27 What is the program of the  
28 YWCA in so far as drug use is concerned? What is  
29 the policy and the program?

30 MISS RICHARDS: We are guided



1 by our national policy. We haven't any policy  
2 except that drug and liquor etc. are not permitted  
3 on the premises of our building. We have tried to  
4 do an educational program, individually, with the  
5 people who have come. A few years ago, we had the  
6 film "LSD - Insight or Insanity" and offered it to the  
7 community. I think we sent out about 250 invitations  
8 and had 25 people show up. This was about three  
9 years ago. Since then I have been in contact with  
10 other groups to see whether we still had the film  
11 because we were still interested in it.

12 I would say it is on a personal  
13 basis of counselling.

14 THE CHAIRMAN: Is the Y.W.C.A.  
15 nationally developing a program? I have notes from  
16 other sources, but I have this opportunity to ask you

17 MISS RICHARDS: Well they are  
18 having a seminar in Toronto from the 13th of June  
19 to the 21st on the inner city and this is one of the  
20 things that will be coming up at that time. They  
21 have invited young people from across the country  
22 to participate in this and work out some of the  
23 problems they find in their own communities and  
24 how to deal with the drug situation in spite of  
25 this. Also, we are part of this in Sudbury too,  
26 sponsoring youth hostel set-ups across the country.  
27 Our community, firstly, was involved in and concerned  
28 about young people not having anywhere to sleep  
29 and through this group, our community committee to set-up  
30





1 a youth hostel for the summer has been established.  
2 This is not a part of the Y.W.C.A. anymore although  
3 they use our building but it is a community group  
4 and will be functioning the 1st of June or maybe  
5 the 15th. Hopefully this will help to deal with the  
6 young people who come through with problems this  
7 summer, because the alcohol and drug addiction  
8 foundation has offered a full time staff member and  
9 we would have a qualified counsellor.

10 THE CHAIRMAN: What is the  
11 relationship of Y.W.C.A. staff to young people? What  
12 kind of personal relationship would be developed and  
13 what is your approach relating to young people?  
14 What do you bring to that relationship?

15 MISS RICHARDS: Our residence  
16 in Sudbury is very small. It accommodates 20 girls  
17 on a permanent basis, and it accommodates a maximum  
18 of ten more on mattresses and sleeping bags. The  
19 building itself lends itself to easy counselling and  
20 my office door is never closed--I mean hardly ever--  
21 and anybody who wants to talk comes in and I talk  
22 to youngsters back and forth, every where, about  
23 what they were doing, why they were doing it, trying  
24 to help them to go home if they wanted to. It is a  
25 close personal relationship. The housemothers are  
26 also very close to the girls.

27 THE CHAIRMAN: You have a list  
28 of your staff--one full time housemother, one  
29 full time housemother--relief/cleaning woman,  
30 and then you have 60 volunteers involved. What do





1       they do?

2                               MISS RICHARDS: Volunteers are  
3       a board of directors who through an established  
4       policy keep our building in operation, who serve  
5       more as volunteers for children's program, which  
6       is from the art class program, and programs with  
7       young mothers. Then they do working with this group,  
8       although there is a residence committee responsible  
9       to the board for the girls in residence and their  
10      problems and on Monday night they are having --  
11      it just happens to fit into this -- but they are  
12      having a pizza party with somebody from the drug  
13      addiction center coming to show a film and talk  
14      on this. I put up some bulletin board material a  
15      few months ago, and have left it up -- its on drugs --  
16      and the indication of requests for an opportunity  
17      to discuss this has been very, very real.

18                            THE CHAIRMAN: What is the  
19      outlook today, on the YWCA? Does it see itself  
20      providing essentially certain facilities of  
21      accommodation, or does it have any sense of involvement  
22      in what is happening, with what is concerning young  
23      people and changes in our society? Does it have  
24      a philosophical message for personal development?

25                           MISS RICHARDS: I think --  
26      as I said on that paper -- our "Y" in Sudbury is  
27      primarily residence oriented. I think we feel a  
28      very definite responsibility for a young girl who is  
29      away from her home, to help her become established  
30      in the community. Now not every young girl who is



1 away from her home has a problem of this kind, but  
2 most of them have a problem in this city of not even  
3 being able to find a roof. We had hoped that we would  
4 have larger accommodation by this point and we were  
5 hoping that our application to the Ontario Department  
6 of Welfare would provide us with a counselling  
7 unit within our residence to serve the disturbed  
8 girls so that the others would have another unit.  
9 The feeling is that we should provide a stepping  
10 stone between the girls own home and her future home,  
11 and anything that can be learned in the process to  
12 make her a better citizen and a better mother and  
13 wife is a part of our program and approach. This  
14 is the philosophy I think that we are interested in.  
15 Now here, we are not particularly involved with  
16 teenagers because there are many teenage activities  
17 in the community and our resources are small, so we  
18 have to spread ourselves.

19 THE CHAIRMAN: Thank you.

20 MR. CAMPBELL: Miss Richards,  
21 you spoke in your brief of the history of drug use  
22 as you have been aware of it in the community. Could  
23 you say something about your impressions of the  
24 causal patterns or your interpretations of this  
25 phenomenon?

26 MISS RICHARDS: Well, I would  
27 say that the young people who have come through our  
28 doors, who have been involved in this pattern have  
29 been young people who are completely alienated from  
30 their families. Now, whether they are on the road





1 because they are alienated from their families or  
2 whether they are on the road because they have been  
3 involved in a drug culture, I am not sure. But I  
4 would think that primarily it is a case of complete  
5 lack of communication of ideas between two generations  
6 that puts them on the road. Now, it just happens  
7 that the group of young people that we deal with  
8 are not the highly educated secondary school graduate,  
9 university graduate. They are primarily school drop-outs  
10 that have been on Canada Manpower Retraining Programs,  
11 that have<sup>been</sup>/recipients of welfare and things of this  
12 kind. The young people whose parents have come  
13 looking for them have been from professional homes.

14 MR. CAMPBELL: When you speak  
15 of alienation from the family and the breakdown of  
16 communication between generations, do you see this  
17 alienation from family as a result of specific  
18 factors in their particular families, or do you see  
19 this alienation from a particular family as a result  
20 of perhaps broader forces in society, broader aspects  
21 of their experience?

22 MISS RICHARDS: I would think  
23 that almost every young person between the age of  
24 15 and 18 or 19 is in tremendous conflict with his  
25 family no matter how good the understanding in the  
26 family is, or anything of this kind. I mean, they  
27 simply have to make a break and grow up and determine  
28 their own -- who they are, and what they are, and why.  
29 And within some family patterns this is much easier  
30 to do than others and a family who presses it -- a





1 young person to go on with an education when the  
2 young person doesn't feel--isn't secure enough within  
3 himself to even think about what he is going to do  
4 next year, may be the reason the child runs away.  
5 We have a lot of young people coming to us who break  
6 over boyfriends, who break with their families over  
7 boyfriends, over where they should go to school,  
8 what course they should take, over rules and  
9 regulations. And the funniest part of it is, that  
10 our rules are much more strict than the rules that the  
11 kids have at home. They must be in at midnight, unless  
12 they have permission. They must sign out where they  
13 are going, and things of this kind, if they are gone  
14 overnight. But because there are twenty other kids  
15 doing the same thing they do it. But at home they  
16 won't come home until 3:00 o'clock, if they will then.  
17 And they accept punishment. I don't know whether it  
18 is--maybe it is a permissive attitude on the parents,  
19 and they are running away to find someone help them  
20 to make up their minds.

21 MR. CAMPBELL: In many instances  
22 we have heard of many young people being obviously  
23 deeply concerned in some of the very broad social  
24 problems of the society, the ecology, war and so on.  
25 Are these issues important to the young people you  
26 see?

27 MISS RICHARDS: No.

28 MR. CAMPBELL: Is there a  
29 matter of indifference on their part or do they have  
30 other concerns?



MR. CAMPBELL: What role do you see drugs playing in their lives?

MR. CAMPBELL: Overwhelmingly escape. Do you see any relationship between the particular personality of the young woman and the problem that she has and the particular drug that she is prone to use?

MR. CAMPBELL: As far as these young women are concerned, do you find the present social policy of Canada, particularly its legal structure,





1       satisfactory to your program?

2                               MISS RICHARDS: With relation  
3       to the ---

4                               MR. CAMPBELL: Drug law.

5                               MISS RICHARDS: No. We have  
6       had girls at the "Y" who have watched/make a drop of  
7       drugs within our neighbourhood, and who have called --  
8       went and picked the material up and went and called  
9       the police, and went with the police to identify the  
10      person who left it. We have other girls who knew  
11      that their friends were pushing drugs, who were  
12      horrified by the idea, but that couldn't do anything  
13      about it because they personally couldn't report  
14      them. And because they weren't really sure that  
15      they should. They really -- it is all mixed up with  
16      the fact that they can get into a beverage room and  
17      be served when they are 17 or 18 and get away with  
18      it and so the policy about drugs is, "Well, we get  
19      away with the other -- or the other kids got away  
20      with this, why shouldn't we get away with what we  
21      want?"

22                              MR. CAMPBELL: Do you think  
23      the law from your own point of view, the structure  
24      and sanctions and so on, are appropriate to this  
25      particular situation?

26                              MISS RICHARDS: No, I think  
27      that the law needs to be more definite in relation  
28      to things other than marijuana.

29                              MR. CAMPBELL: More definite  
30      in what sense?



MR. CAMPBELL: Am I right then, in thinking you are saying the drug use today is similar to alcohol use of five years ago?





1 MISS RICHARDS: Yes, I think  
2 so. I think this is what it has replaced and also  
3 I think the young people who are on drugs are terribly  
4 supercilious about the people who are on alcohol.  
5 They wouldn't touch it.

6 DR. LEHMANN: Would you say  
7 that there is comparatively little problem with  
8 alcohol now?

9 MISS RICHARDS: In this  
10 particular age group, You still have it with the older  
11 group. We don't have <sup>many</sup> in our residence but the group  
12 that are over 23, or maybe over 21 and 22 are still  
13 the group interested in alcohol among people I know.

14 DR. LEHMANN: But under 23  
15 there is definitely a decrease or hardly any problem  
16 with alcohol now?

17 MISS RICHARDS: Yes.

18 DR. LEHMANN: What is the  
19 relationship of your center to physicians and  
20 hospitals, for instance medical care or psychological,  
21 psychiatric care, professional counselling? Is that  
22 necessary or what do you do with someone who  
23 freaks out or has a very bad trip?

24 MISS RICHARDS: We have had a  
25 good relationship with the hospitals. We take  
26 referrals from the psychiatric unit and have no  
27 trouble getting help from them. This is true of  
28 the hospitals.

29 DR. LEHMANN: They would  
30 refer to you one for adolescents?



1 MISS RICHARDS: Yes.

2 DR. LEHMANN: If one was referred  
3 to you in a bad condition would you refer them to the  
4 hospital?

5 MISS RICHARDS: Yes, if anyone  
6 comes to us or is in our building in a bad state we  
7 take them to the hospital.

8 DR. LEHMANN: Is that accepted  
9 by the rest of the group?

10 MISS RICHARDS: Yes. In fact  
11 I was speaking to a girl in the hospital one night  
12 who slit her wrists and said, "For goodness sake,  
13 think what you do to the people around you when you  
14 pull a trick like this." And she said, "Oh, come off  
15 it. It is such a common occurrence now, nobody even  
16 thinks about it.

17 DR. LEHMANN: Are the police  
18 involved sometimes?

19 MISS RICHARDS: They have been,  
20 yes. Police frequently bring people to our door.  
21 Police have been called over the years when we had  
22 definite information about use of drugs and where they  
23 came from.

24 DR. LEHMANN: But neither police  
25 nor hospitals pose any particular problem?

26 MISS RICHARDS: We have never been  
27 turned down.

28 THE CHAIRMAN: What do you think  
29 should be our general attitude towards non-medical  
30 drug use, Miss Richards, as a society and those of us  
who are involved in trying to be helpful





1 and comfortable in the society?

2 MISS RICHARDS: Well, I would  
3 think that the most important thing that can happen  
4 in a community now, is that definite provisions be  
5 made for treatment for someone who is on a bad trip,  
6 and that everybody in the community knows where to  
7 go for this help. I don't mean just the agencies,  
8 I think everybody. Because any parent can get caught  
9 in this and need to know that if they go, or call a  
10 certain number, or something that they will get help.  
11 There is nothing of this kind that I know of in  
12 Sudbury. And I think that because of the tremendous  
13 mobility of young people this must be well advertised.

14 MR. STEIN: At the present  
15 time, are there any groups of young people trying  
16 to develop centers of any sort in town apart from  
17 the "Y"?

18 MISS RICHARDS: Well, the "Y"  
19 gave its facilities for the month of April for use  
20 as a drop-in-center to a group from the university  
21 who were trying to get organized. It dissolved as  
22 of Tuesday because one young man who was staffing it  
23 went to work permanently, and the other one didn't  
24 have a job, and ran out of money and had to go home.  
25 Whether anything of this kind will be available this  
26 summer, I don't know. I know there are other people  
27 looking for space for this, but as far as I know,  
28 there is nothing happening, mostly because they  
29 can't find a place.

30 MR. STEIN: You mentioned



1       also that you had used a street worker last year.

2                   MISS RICHARDS: No, I tried  
3       to get one and I couldn't. I wanted to get one

4                   MR. STEIN: The difficulty  
5       was in finding the right person or ---

6                   MISS RICHARDS: Well, there  
7       were several difficulties. One was finding a person,  
8       and another was finding the money to do it with.  
9       If we had found a person we would have found the  
10      money. We haven't very much, but if the right person  
11      had come along we would have financed him.

12                  THE CHAIRMAN: Am I right,  
13      Miss Richards, in referring to your brief and what  
14      you have said, that your general approach to what  
15      constitutes a sound social policy relates with;  
16      first, factual information on which to base individual  
17      choice and secondly, adequate treatment for adverse  
18      effect of drug use? Is this somewhat your social  
19      policy or does it include anything ---

20                  MISS RICHARDS: I would say  
21      it includes a need for the law to be defined in all  
22      areas, not just marijuana.

23                  THE CHAIRMAN: What exactly  
24      do you mean by defined?

25                  MISS RICHARDS: Well, I think  
26      that for instance there is no law about LSD, so  
27      what do you do about it if somebody is involved with  
28      it, they are not really breaking any specific law.

29                  THE CHAIRMAN: Well there  
30      is a law against the possession of LSD and





**1** || trafficking.

2 MISS RICHARDS: Well I am  
3 sorry then ---

4 THE CHAIRMAN: Probably your  
5 memory goes back beyond the change in the law and  
6 you are probably referring to a previous law. There  
7 was a change last year.

8 MISS RICHARDS: Well I am  
9 sorry then, I would say that ---

10 THE CHAIRMAN: But then are  
11 you in agreement that there should be a law to,  
12 in some way, restrict the non-medical use of drugs?  
13 Is there a role for the law there?

MISS RICHARDS: I think in any -- the non-medical use of drugs is a danger because we know so little about what it really does to people. But it is so widespread, not in people but in the kinds of drugs that are being misused, that perhaps real education of what drugs can do to people is -- this factual part is the most important thing so that people are really aware that they are taking drugs again.

23 THE CHAIRMAN: Are there any  
24 questions or observations for Miss Richards?

25                                 Would you like to come to the  
26 microphone in the aisle there?

27 THE PUBLIC: Where does  
28 speed come in? Does it fall under the law, or is  
29 that still free?

30 THE CHAIRMAN: Well trafficking



1 in speed is prohibited, but not the possession for  
2 use.

3 THE PUBLIC: Week-end  
4 Magazine a few weeks ago had an article about  
5 speed and apparently this is one of the most  
6 dangerous drugs. The article pointed out that  
7 because possession was unpunishable in comparison  
8 to marijuana, was nothing and I feel that maybe  
9 you should look into the use of speed or what really  
10 is the severity. Are we just glossing things over  
11 by talking about marijuana, and are we too afraid  
12 to include things like speed, because we don't  
13 really know how to tackle the problem? But  
14 the article apparently had made many people aware  
15 that there is far more to the drug scene than just  
16 marijuana.

17 THE PUBLIC: Miss Richards  
18 said something about relationship with young people.  
19 Now, I am not sure, when you defined our relationship--  
20 would you define it again please -- with the girls --  
21 how you see yourself --

22 MISS RICHARDS: It is mainly  
23 a relationship of establishing a home, and a  
24 counselling relationship.

25 THE PUBLIC: I see, well you  
26 said that some of the girls who came in were  
27 disturbed and had problems and that they either took  
28 alcohol or drugs to escape from these problems,  
29 right? Now let us say for instance, that had any  
30 girl stopped using alcohol, or stopped using drugs they





1 the reason for taking drugs and alcohol, as you  
2 mentioned previously has been necessitated by the  
3 cultures already present, since they are interrelated  
4 and effect one another. And the drug culture which  
5 is most recent has been necessitated by the one  
6 previous to it. Do you think this could be the  
7 right word?

8 MISS RICHARDS: I think that  
9 every group of young people who has ever grown up  
10 has been in/<sup>a</sup>period of revolt against the atmosphere  
11 in which it finds itself and that their way of  
12 expressing this revolt changes according to the  
13 pattern of the time in which they live. Therefore,  
14 if a group of young people who are thoughtful and  
15 have knowingly gone into -- developed a sub-culture  
16 of drugs, people who are less strong and less  
17 thoughtful will form a fringe because this is the  
18 pattern and the group that I see are this fringe  
19 pattern. The next time somebody comes along -- they  
20 will never be a group to establish the pattern.

21 THE PUBLIC: Well, for instance  
22 you are talking about one group, but what is your  
23 opinion about other groups who are experiencing  
24 drugs?

25 MISS RICHARDS: My contact  
26 with that group is so superficial that I can't make  
27 any statement about it. In fact, when I meet them  
28 I am surprised that people that are that smart exist.

29 THE CHAIRMAN: Yes?

30 THE PUBLIC: I am just sorry



1 I did not have a chance to prepare a brief today,  
2 but I think that the advertising for the hearings  
3 in Sudbury were somewhat lacking. A number of  
4 people I have already spoken to today have just  
5 heard about this yesterday or the day before. I  
6 might identify myself. I am Bill McMullen, a  
7 social worker at The San and coordinator of the  
8 adolescent treatment program. In regard to some of  
9 Miss Richards comments, I think we have to look at  
10 Sudbury as somewhat of a peculiar city. I think the  
11 problem of the non-medical use excluding alcohol is  
12 is confined to 15 to 18 year olds in this city, and I  
13 think as she says the problems that they are concerned  
14 with are not the broad based social problems. People  
15 that are kind of intellectually concerned with these  
16 seem to leave the city as soon as they are through  
17 high school. I think three-quarters of Toronto is  
18 made up of ex-Sudburians.

19 Some of Dr. Lehmann's comments--  
20 and I am glad to see him here today because he has  
21 influenced me in the field that I am in--I think we  
22 are lucky in this city because it is so small in terms  
23 of coordinating medical treatment with the hospitals  
24 --I might mention it right now, that I would like to  
25 invite some of you out to meet some of the kids,  
26 we have eighteen in-patients right now in the 62  
27 bed psychiatric unit. I thought we were going to  
28 cut it off at five but over the week-end we got  
29 six new ones. We are fortunate that we have developed  
30 a close team where everybody knows each other, and I





1 think we are taking them out of curiosity. It is a  
2 new phenomena for most of us and we are interested  
3 enough to work with them and our prime mode is  
4 through therapy. Our prime source of referral is  
5 not other agencies.

6 Friday night, as I was just about  
7 to leave town, one of the young ex-patients of ours  
8 got in touch with me and one of the doctors and  
9 dragged in two people that kept everybody going all  
10 night. I think the kids kind of got to know a few  
11 names of people around the city where they will go,  
12 they will phone them at any hour and we have really had  
13 excellent cooperation from the medical society and I  
14 think in the reports from your previous hearings it  
15 seems that as the size of the city increases, the  
16 difficulties with the medical society increases. I  
17 don't know what we are going to do in terms of numbers,  
18 we just can't handle the eighteen kids that we have  
19 right now on drugs. We are over crowded and our nursing  
20 staff has not come across this before. Speed kids are  
21 just a complete threat to them. We really do need  
22 specialized treatment and I kept thinking of a couple of  
23 psychiatrists that are in town maybe what we need is  
24 something in the line of a group of people who can cope  
25 with these kids because when they start breaking un-  
26 breakable windows and kicking holes through walls it gets  
27 a bit too much. I think we need it, we have got people  
28 we would like to use on the streets right now, contacts  
29 now that are bringing in these kids. One kid  
30 said yesterday that the medical director asked



1 about working on a voluntary basis and he said I  
2 am not stupid, but I would do it if it was myself,  
3 but I am supporting my mother and a baby sister.  
4 This kid is a real phenomenalkid. He was on speed  
5 and acid, we kept him in the hospital for four  
6 and a half months, and he has been off now for  
7 close to a year. We can't discharge the kid, he  
8 won't leave. He keeps bringing in new people.

9 I am rambling a bit, but I  
10 think we are lacking in treatment facilities. I  
11 think we can get the people if we can get the money,  
12 and who knows what the facilities are that we need  
13 I am sure I don't. Dr. Lehmann was on a group  
14 discussion sometime ago, in a book called Adolescent  
15 Psychiatry and they argued about 50 pages of it, as to  
16 whether you had an adolescent unit. I wonder if  
17 you have any different feelings now. I think the  
18 co-operation with the police in the city is  
19 excellent too. It is kind of silly, given the  
20 existing laws, but even between us and the police,  
21 we are phoning the R.C.M.P. people to get an analysis  
22 on what is in the acid on this street, and we are  
23 becoming scared that strychnine and quinine that is  
24 in it at present, and we are getting reactions from  
25 it, but the police have been most co-operative.  
26 I kind of hate going up to the jail and interviewing  
27 kids who are ex-patients of mine, like you are trying  
28 to win them over in terms of relationship, and yet  
29 you are identifying yourself with the anti-social  
30 anti-legal aspects of society, and the ones we see





1 are the abusers, and I guess probably 50 in this  
2 small community now that I am treating are in-  
3 patient and out-patient. When it is not identified  
4 properly, can we treat them, that is the question?

5 I wish I had my thoughts  
6 organized.

7 THE CHAIRMAN: Thank you.  
8 Dr. Lehmann?

9 DR. LEHMANN: If you could  
10 stay a minute, it is most interesting that you have  
11 18 in-patients and apparently they stay for what,  
12 several weeks or months?

13 THE PUBLIC: From overnight to  
14 days  
15 two/tried to work on this contract with them, if  
16 you can't buy our conditions, okay, sign and feel  
17 it is a positive thing, right -- I think our  
18 longest stay right now is six months, I think the  
19 average stay about two months.

20 DR. LEHMANN: That is probably  
21 unique in Canada. I don't think there are so many.

22 THE PUBLIC: I think they  
23 are fortunate in only having four psychiatrists in  
24 town, and I think we have lined up two of them in  
25 terms of working with us. We are kind of debating  
26 whether we shouldn't go after the Toronto - Scarborough  
27 proposal of three days. We don't know right now,  
28 and we are in the process of trying to form some  
29 sort of policy.

30 DR. LEHMANN: If you would,  
would you have been successful with the kid who was



1        been on speed and LSD?

2                                THE PUBLIC: I doubt it. It is  
3        expensive. A hospital bed and this kind of a setting  
4        is \$50 a day, and I think the expense we have spent  
5        in terms of 50 guys is worth it for the few we have  
6        had. We have made out fairly well but I think it has  
7        been on this basis of the stay and I think some of  
8        them have been cured and it is because we have kept  
9        off for six, seven, eight months and then they have  
10       gone to alcohol. Alcohol seems to have become a  
11       problem after they have gone off the illegal drugs,  
12       and then they seem to turn to the wine, and go on  
13       the wine trip for awhile.

14                              DR. LEHMANN: Your experience  
15       really is very valuable because, personally I don't  
16       know of any center in Canada where there are so many  
17       drug patients as in-patients kept for any length of  
18       time. Now in your experience have you found that the  
19       drug group themselves help with the control, for  
20       instance, of somebody who kicks through an unbreakable  
21       window?

22                              THE PUBLIC: It's beautiful. You  
23       know, for awhile we tried to work on an individual  
24       characteristic type of thing, taking privileges away,  
25       and then we decided to use things like visiting. If  
26       one guy went off and the visiting privileges for that  
27       week were killed and it seems to be working much better.  
28       The work is better controlled. I think they have kind  
29       of brought us--we are kind of floating along on cloud  
30       nine right now and expecting it to crumble any moment.





1 One of the things we haven't had any luck with is the  
2 solvent sniffer, the heavy one why maybe goes through  
3 two or three bottles of cutex a night, and we have got  
4 one little guy, his liver function tests are away  
5 up and we are just scared, we just don't know what  
6 to do with it to act as a control. And my knowledge  
7 of chemistry is nil, and I am just kind of wondering  
8 why these substances are necessary in something like  
9 nail polish remover and why on the streets of Sudbury  
10 in the stores the businessmen were crying against  
11 these kids, crying out they are no-goodniks and City  
12 Council passed a resolution the other night saying  
13 the drug users of today are the welfare cases of  
14 tomorrow. Why they will be the first to come across  
15 when the kid comes in with his \$ .29 or whatever it  
16 is when they ask for a bottle of Q, you know. I  
17 would also like to know if chemically it is possible  
18 to turn these useful substances out without having  
19 the elements that are causing this damage. I don't  
20 know if I am getting at your question. We have  
21 found the groups is best except with sniffers and  
22 we just aren't having any luck with them.

23 DR. LEHMANN: Not with the  
24 sniffers. Would you be prepared to set up some  
25 sort of outline of how a treatment center should  
26 be organized?

27 THE PUBLIC: We have got  
28 into this to keep our Board satisfied. Within the  
29 next two weeks we are going up to talk with  
30 Dr. Philip Novell on Monday morning. He has



1       apparently had a lot of experience with LSD and he  
2       has got something going on in Timmins and we are  
3       going to try to set up something together in terms  
4       of our experience and his, and we will definitely  
5       have something on paper within the next month.

6                   THE CHAIRMAN: Will you send  
7       us your thoughts on the treatment center? This is  
8       something we have got to study.

9                   THE PUBLIC: And if you have  
10      time to come out this afternoon to talk with these  
11      kids, we have pushers, dealers, the whole bit, and  
12      I am sure the members of the Commission would be  
13      interested, and are invited.

14                  MR. CAMPBELL: Could you say  
15      something about the glue sniffer apart from the  
16      fact he is a user, is there an identifiable  
17      characteristic, identifiable character background?

18                  THE PUBLIC: The ones we  
19      have had experience with, it seems to be an  
20      inadequate personal life, the father working at  
21      two jobs and the mother working at one job, this  
22      kind of thing with no control and it has gone on  
23      for awhile. In terms of intelligence they have all  
24      come out average, or slightly above average. We had  
25      a session where we had this one particular kid, who  
26      is in right now causing us one heck of a lot of  
27      concern came in, in a parents group last night and  
28      said he used it to get away and not to get off, you  
29      know, and this was after a lot of probing that he  
30      was able to make this distinction to get off and to





1 get away and it was very much to get away. He  
2 said to get away from the school situation where  
3 he had been held back in Grade 8 for three years  
4 because they felt he was immature, and this kid  
5 started wondering if he was ever going to get out  
6 of it. I think he was maybe projecting a bit. I  
7 think there were a lot of difficulties in the home  
8 that he should have reason to get away from.

9 But no impulse control at  
10 all. To some extent he seemed to resemble the  
11 speed user, the heavy speed user approaching a year,  
12 a year and a half usage. They have all been into  
13 younger groups, fourteen years old, fourteen, fifteen.  
14 But the thing that just puzzles me, is this chemistry  
15 bit.

16 MR. CAMPBELL: As a personality  
17 then, you see them as similar to the chronic user  
18 of speed?

19 THE PUBLIC: Yes.

20 MR. CAMPBELL: Background  
21 similar?

22 THE PUBLIC: Some of them. My  
23 knowledge is lacking but this is kind of super-  
24 ficial. I hadn't thought about it until just now.

25 MR. CAMPBELL: Any idea then  
26 why you would have better luck with a speed user than  
27 a glue sniffer?

28 THE PUBLIC: Maybe they just  
29 reach kind of a point around 20 years old where  
30 they have said, "I have had enough of this and maybe



1 I can delay gratification a bit longer." And maybe  
2 things like this. I read a Week-end Magazine  
3 article last year, and maybe that gave them a scare.  
4 Maybe it is the physical concern. We try to read  
5 their lab test to them and we have to try and use  
6 this shot. The speed users seem to be a little  
7 bit more intelligent, but I think it is probably  
8 "We have had our fling and let's see what we can  
9 do." We are getting 18, 19 and 20 in this community,  
10 and after 20, and probably it becomes alcohol with  
11 the minors coming in and the fallout is really  
12 terrible in terms of what the interests are.

13 THE CHAIRMAN: Thank you very  
14 much.

15 THE PUBLIC: I have a question  
16 of Miss Richards. Miss Richards, you have seen the  
17 effects of alcohol on your girls in residence and  
18 you have seen a transition to drugs. Would you  
19 say there is more problem caused by these drugs  
20 or by alcohol? Can you differentiate between the  
21 two as far as the problems occur?

22 MISS RICHARDS: I think the  
23 only way I could differentiate is in the realm  
24 of the unknown because through years of seeing  
25 people that were using alcohol you have an idea of  
26 what the outcome will be, but the drug situation  
27 has not been a part of my knowledge long enough  
28 for me to really say which I think is more dangerous.  
29 Is this the answer?

30 THE CHAIRMAN: Thank you,





1 Miss Richards.

2 I call now on Mr. Ken  
3 Peters, Psychomotrist at the Ontario Department of  
4 Education.

5 MR. PETERS: My comments  
6 will be restricted to the issue of how society can  
7 best control, regulate, supervise or channel the  
8 non-medical use of drugs. I think we can predict with  
9 considerable accuracy that this culture, this whole  
10 culture, will continue to accept the non-medical  
11 use of drugs and that many drugs will continue  
12 to be used by many different types of people of many  
13 different ages. Since most of us have some interest  
14 in the use of drugs, we all have the right and  
15 responsibility to determine how society should  
16 influence drug use.

17 At present, there are two  
18 competing models which attempt to influence our  
19 attitudes and behaviour with respect to non-medical  
20 drug use. We have the legal model and the health-  
21 educational model. I suspect that the legal model  
22 is most popular and has had the most influence on  
23 the attitudes and behaviour related to  
24 drug use. I would submit that the very powerful  
25 influence of the legal model has been completely  
26 undesirable and has failed miserably.

27 The legal model has  
28 failed miserably simply because it has not prevented  
29 the increase of non-medical drug use which was, and  
30 is, its purpose. The legal model has had an



undesirable influence because it has prevented the emergence of the more appropriate health-educational model. To illustrate how the legal model has undesirably interfered with the effective functioning of the health educational model, I would like to call to your attention the following observations which are part of my experience.

Fist, it is a fact that most young people are generally afraid to approach their parents, teachers and those working in the health services for information and advice concerning the non-medical use of drugs. The intelligence and ingenuity of youth has been demonstrated through their ability to survive in spite of the absence of counsel from the adult world. However, there have been and will continue to be some casualties. Secondly, parents, teachers and those in the health services have not been free to give sincere and honest information and advice concerning drug use to young people. The social control of an adult's thoughts and behaviour is very strong and only the bravest of men can freely state their opinion if it differs significantly from that of his adult peers. The laws have prevented communication!

The legal model has had many other undesirable effects. It has served to alienate one generation from the other. Adults seem to believe that a law must be followed regardless of the justification for that law. However, young people believe that a law must have some justification in





1 order that it be followed. Those laws which are not  
2 considered to be justified are not necessarily followed.  
3 The different attitudes toward the law are not, of  
4 course, restricted to those controlling drug use.  
5 However, this conflict tends to aggravate and confuse  
6 the other conflicts between the generations  
7 concerning drug use. One final undesirable influence  
8 of the legal model should be pointed out. Because  
9 the non-medical use of drugs has been driven  
10 underground, it has become a secret and expensive  
11 pursuit. This has resulted in fear or paranoia and  
12 riskiness. When anxious and fearful young people  
13 make risky decisions about the non-medical use of  
14 drugs, they may become casualties.

15                               The task of those working  
16 within the health-educational model becomes obvious.  
17 Those concerned individuals working within this  
18 model will be striving to provide the forms of  
19 information and experiences which will result in the  
20 wisest decisions concerning non-medical drug use.  
21 They should be very concerned with the underlying  
22 social and economic problems which may result in  
23 the unwise use of drugs among certain groups. I  
24 sincerely believe that the social conflicts which  
25 are beginning to tear North America apart have  
26 significantly contributed to prevalence of non-  
27 medical drug use today. Until these human problems  
28 are effectively attacked, the non-medical use of  
29 drugs will continue to enjoy popularity. I hope that  
30 the Canadian people and the Canadian government will



1 choose to cope with these problems through Christian  
2 concern for one's fellow man, and avoid the insane  
3 attack on these problems through the accumulation  
4 of laws and the resulting evolution of a police state.

5 Thank you.

6 THE CHAIRMAN: Thank you Mr  
7 Peters.

8 How do you see that non-  
9 medical drug use is a response to the social conflicts  
10 and problems referred to. How is it response to them?  
11 What is the relationship?

12 MR. PETERS: Well, I think  
13 so many different people have said so many different  
14 things regarding this issue, that I can only perhaps  
15 repeat a few of those. One thing, I think that  
16 this is the first generation which does not have any  
17 guarantee of survival and I think that is very  
18 important. I think that the growing legal repression,  
19 the use of force has resulted in the alienation  
20 of many young people, and perhaps they have begun  
21 to choose their own form of drug use. I find it  
22 very difficult to comment on such a broad question  
23 as that. I kind of see drug use is not specifically  
24 a response to social problems, but is itself a  
25 new phenomena which is related to the previous  
26 social problem, that is also just a part of a new  
27 generation, new attitudes, new beliefs, new values.

28 THE CHAIRMAN: In what sense  
29 do you mean that this is the first generation that  
30 does not have a guarantee of its survival?





1 MR. PETERS: By that, I am  
2 referring to the fact that in my life, and I think  
3 that in the life of those that are younger than I,  
4 we have heard that nuclear destruction is a very  
5 real possibility, and I think that it is a very  
6 real possibility. I think that those of us in the  
7 younger generation experience that, feel that, as  
8 a result at least among some -- this may result in  
9 a very careless attitude towards life and perhaps  
10 in some cases a desire to escape from those possibili-  
11 ties.

12 THE CHAIRMAN: But are not  
13 all the generations under this -- living under this  
14 uncertainty and you perceive a different attitude  
15 and if so, why?

16 MR. PETERS: Yes, I do, because  
17 I think as a young person grows he has a very  
18 different set of experiences and I think his  
19 perception of the situation, his perception of  
20 the information you received concerning survival  
21 is very different. I think the older generation, --  
22 when they have grown up have lived within the  
23 belief that their survival was not under attack.  
24 And even though it may be a fact to those people  
25 as well at this time, I don't think it is perceived  
26 and felt in the same way.

27 THE CHAIRMAN: Thank you.  
28 Dean Campbell?

29 MR. CAMPBELL: I notice in data  
30 attached to your brief, you mention a conducted study



1       which indicated the type of family backgrounds  
2       among the type of drug users. Has that study been  
3       published?

4                       MR. PETERS: No, it is rather  
5       a small informal study, and I didn't feel that  
6       confident or professional at that time to publish  
7       it, but I can certainly make it available to you.  
8       It is the kind of thing that is a legitimate  
9       scientific study. I could comment on that briefly  
10      at this time.

11                      MR. CAMPBELL: Would you  
12      comment briefly on that and could you also send us  
13      a copy?

14                      MR. PETERS: Yes, okay. What  
15      I did in London was get a membership list of a coffee  
16      house which existed there. The coffee house was  
17      generally frequented by the young drug users in  
18      London. I found out the addresses of those people  
19      and from other information relating to characteristics  
20      of certain geographic regions within the city -- in  
21      other words, each region within the city of London  
22      can be described as having a certain income level,  
23      that people have certain types of occupations,  
24      certain religious level, certain socio-economic  
25      status. And what I found in London was generally  
26      that the kids who were the young drug users, came  
27      from the better sections of London, with high  
28      income families, those in professional managerial  
29      type activities; in other words, from the better  
30      to do families. This of course, is not a perfect



1 relationship, but it seemed to be borne out--it was  
2 not too surprising to me because this is what people  
3 were saying with the case in the United States and  
4 I checked it out in London, and in fact found this  
5 to be so. A large number of the kids I found were  
6 living in a poorer district of London, but these  
7 kids had moved out of their homes, and looking at  
8 their backgrounds just very casually, it would again  
9 indicate that they had come from better homes and  
10 had moved out into the cheaper part of the city,  
11 where they could get accommodation.

12 MR. CAMPBELL: What conclusion  
13 are we to draw from this correlation in terms of  
14 cause and effect having regard to what you said  
15 already about the disposing factors about survival  
16 and so on? What conclusion can we draw from the  
17 apparent correlation between material well-being  
18 and this?

19 MR. PETERS: I want to be  
20 very cautious about this, but if these kids are  
21 coming from good families, families with a high  
22 level of income, families who have a high level  
23 of education, then it is reasonably likely that  
24 the kids themselves have a high level income and  
25 a high level of education. Probably fairly bright  
26 kids, and in my experience these kids were very  
27 bright kids. Perhaps these kids have recognized  
28 that with affluence, affluence is not enough, money  
29 should not be the goal of life. These kids have had  
30 a lot of freedom, perhaps they had been the first





1 to move out into this new discovery of use of  
2 drugs which was not a part of their parents' <sup>life</sup> Perhaps  
3 they are more willing to inquire and to take a  
4 personal stand with both their freedom because of  
5 their economic position and their intelligence.  
6 But all those things, I think, are my opinions and  
7 we don't know the answer to that for sure. Another  
8 idea may be that perhaps the kind of confidence  
9 which exists in those sorts of families is more  
10 related to questions of personal values concerning  
11 sex and war, and the whole bit, and perhaps you  
12 find these conflicts at their height in that sort  
13 of family.

14 THE CHAIRMAN: Thank you.

15 In your brief you have spoken  
16 about laws which are not considered to be justified.  
17 I want to make sure that I have got the implication  
18 here. Who is to be the judge -- is there a suggestion  
19 here that the individual should always be able to  
20 determine whether the law is entitled to respect?

21 MR. PETERS: I think at this  
22 point in time, there is a very widespread feeling  
23 that in fact the individual does have the right  
24 to evaluate that law. I think this is very widespread.

25 THE CHAIRMAN: How is this  
26 feeling reconciled with the assumption that underlies  
27 the democratic process making the consensus of society--  
28 that laws should be made by duly elected representatives,  
29 people who have been chosen should enact the laws.  
30 How do you reconcile this essential assumption that



1       once these laws have been enacted through a genuine  
2       democratic type of process that they should be  
3       complied with until they have been changed by  
4       such a process?

5                               MR. PETERS: Well, I would  
6       just think that the young people probably feel  
7       that, yes, these laws are very democratic for the  
8       older generation, the adult generation, but for the  
9       younger generation, not democratic, that they did  
10      not have a say in these laws, and I think probably  
11      young people are rather sceptical about the true  
12      degree of representation of population in the  
13      development of these laws. "I haven't been consulted".

14                            THE CHAIRMAN: Well the  
15      process by which these laws were adapted, is this  
16      in challenge or the content of the law, the  
17      appropriateness as applied?

18                           MR. PETERS: I think both  
19      things are being questioned, both the content of  
20      the laws and perhaps the process.

21                           For example, to come into  
22      what we are doing right now. Now, okay, you people  
23      are taking the role of gathering information and  
24      making recommendations to the government, and I am  
25      sure that you are going to be much more well  
26      informed and have a much better idea of the  
27      appropriate approach for dealing with this problem,  
28      or this phenomena, but I would be a little bit  
29      sceptical as to the power of your group to make  
30      these recommendations if they become law and in





1 fact become a reality. I am a little bit sceptical  
2 and I think that this would be shared by other  
3 youth and perhaps other people here could tell me  
4 they feel that. I am just not sure that your  
5 information as a result of this Commission will  
6 be translated into meaningful laws.

7 THE CHAIRMAN: Putting that  
8 aside for a moment, we can't predict any better  
9 than you, what will become of the recommendations  
10 but putting that aside for the moment, is there  
11 an implication in your observations that this young  
12 generation feel that they cannot -- have perhaps  
13 a certain scepticism about the process where they  
14 have not played any part in the law making process?  
15 There has always got to be a part of the generation to  
16 which the laws apply, but to which they have not  
17 contributed.

18 MR. PETERS: Yes, the young  
19 people have not contributed and because events  
20 move so quickly today, you get many more discrepancies  
21 between perhaps the law and the continuing belief  
22 among the younger generation and again looking to  
23 the States, I think again the feeling that we share  
24 with most young people there, and most recent  
25 events have been demonstrated that the young people  
26 don't make the laws, and some of those laws are  
27 very questionable. Even the people who make the  
28 laws don't seem to have the power sometimes to  
29 put those laws into -- well even the people who  
30 make the laws are a little bit sceptical of the



1 application of the legal force in some situations.

2 THE CHAIRMAN: There is a sort  
3 of unspoken assumption present in this inquiry which  
4 is often expressed that one is justified in complying  
5 with the law, being rational, this we hear, this is  
6 said, but many laws may be quite unacceptable to  
7 various groups. For example, I think I could safely  
8 assume that there is a great deal of opposition to  
9 the tax laws from various groups, to anti-combine  
10 laws. The total issues here which we seem to be  
11 obliged by, in this inquiry, what is to be our  
12 philosophic position and compliance of the laws  
13 essential to order and stability because this matter  
14 considered philosophically--is the reaction to the  
15 law expressed before us something that has sort of  
16 been taken for granted, just been taken as guides?  
17 Because this is really a very fundamental region and  
18 I guess we sort of have to consider all the other  
19 laws as far as what is the proper relation to drug  
20 use and so on. To what extent is this considered  
21 in its implications for our society by their leaders  
22 and so on?

23 MR. PETERS: Well, I don't  
24 feel I have the answer to that problem. All I can  
25 point to is the fact that there seems to be a very  
26 different attitude towards different laws with  
27 respect to drug use and perhaps with respect to  
28 other things by new generations and I just don't  
29 feel very competent to know--to tell you that, but  
30



1       it is there.

2                               THE CHAIRMAN:   Dr. Lehmann?

3                               DR. LEHMANN:   Simply to pursue  
4       this question of the Chairman again, would you say  
5       that most people in the young generation who have  
6       this distinct feeling that the law which is unfair  
7       and unjustified in their eyes should be applied or  
8       might be applied?  Would you think that many of  
9       those have not followed through or would you think  
10      that they might also say if the democratic system  
11      is capable of enforcing such laws that the whole  
12      democratic system should be changed and we should  
13      be governed by expert commissions for instance, or  
14      other experts.  Would they go that far or would  
15      they simply say,  "Well, we hadn't thought that out,  
16      but all we are concerned with is this particular  
17      law?"

18                              MR. PETERS:   I think young  
19      people believe in democracy, but perhaps they are  
20      a little bit sceptical with its application.  I  
21      think a young person's belief about laws and  
22      procedures may come out of his own experience.  
23      With respect to drugs, I am in contact with a fair  
24      amount of young people and it is my impression that  
25      in their contacts with police many feel that some  
26      very basic human rights are being violated.

27                              DR. LEHMANN:   Yet, if they  
28      are in a group or a committee themselves they  
29      usually will accept a group decision even though,  
30      if they themselves personally are convinced it is





1 | unfair, so they will do it on a small group level,  
2 | but they will not accept the democratic government  
3 | as having the same right.

4 | MR. PETERS: So what you are  
5 | saying, among youth they probably work in a democratic  
6 | structure, but it is just a different democratic  
7 | structure than that existing in the adult society.  
8 | And as I say, I suggested that maybe one of the  
9 | reasons for this, is the speed with which events  
10 | happen today, and the laws don't seem to change  
11 | very fast. It seems to be very fast to make new laws,  
12 | but to drop old ones, seem to be an extremely tedious  
13 | procedure, at least from my point of view.

14 | DR. LEHMANN: So the rebellion  
15 | mainly is against the inertia of democracy rather than  
16 | against the system?

17 | MR. PETERS: Yes. I think  
18 | that youth are democratic, very democratic.

19 | THE CHAIRMAN: Gentleman at the  
20 | microphone?

21 | THE PUBLIC: I don't think that  
22 | the youth of today is very democratic, myself. I beg  
23 | to differ on that. Most of the youth will not  
24 | communicate with people our age. I mean we are the  
25 | people. Our generation is the generation which gave  
26 | you this democracy which you are abusing today. This  
27 | whole concept of democracy is for the dignity of man  
28 | and we, the people who are paying the shot for your  
29 | education, are being deprived of the certain dignities  
30 | through taxation, and the wealth of the nation is the



1 education of its youth. These young people coming  
2 out of university, you think you must be the Chiefs  
3 before Indian so you are disappointed in not being  
4 the Chiefs immediately and they go into drugs. I  
5 mean it is not society which is leading you to drug  
6 addiction, it is your own disappointment. You want  
7 to be Chiefs before Indians. The whole concept of  
8 the building up of this country with human dignity,  
9 you are depriving us of dignity, you are depriving  
10 yourselves of dignity, and I don't see much dignity  
11 in the youth of today.

12 THE CHAIRMAN: Gentleman at  
13 the microphone?

14 THE PUBLIC: The gentleman  
15 that just spoke about the Chiefs or Indians, I think  
16 this is his fault simply because in an industrial  
17 State, we get ourselves competition not co-operation.  
18 I go to school and I step on your head before you  
19 step on mine. Naturally I want to become Chief  
20 before I become Indian. Up until now we have been  
21 talking about drugs as a problem. I think before we  
22 go any further, we should analyze the word "problem".  
23 Simply in the sense I don't think drugs are a problem,  
24 I think that people are a problem. For a thousand  
25 years now, drugs have been used in the Eastern countries  
26 and it has been no problem. Here I am talking about  
27 hashish and marijuana. And even in the Aztec  
28 civilization which existed several hundred years ago,  
29 they used mescaline which was used as the sacred  
30 mushroom and there has been considerable research done





1 in mescaline in civilization and they had a great  
2 civilization until the missionaries came over and  
3 discovered they were using this drug as a gift  
4 from heaven, as a gift from God. But up until they  
5 came there were no sicknesses, no illnesses caused  
6 from that drug. So therefore, philosophically speaking,  
7 these people that have started drugs over in the East  
8 and so on, never had any problems with the drugs they  
9 used. It is only North American society where the  
10 mentality is different, that the drugs are used as a  
11 means of escapism and so on, which I think is causing  
12 social factors. Even in the Bible, if anyone here  
13 reads the Bible very closely, even St. Peter was  
14 supposedly known as taking a drug: He had a vine in  
15 his hand and somebody said he wasn't drunk and so on  
16 and so on. So I don't think the drugs are a problem  
17 I think the people are a problem because they are  
18 taking a drug, which its nature is contrary to the  
19 reason why they are taking the things. So therefore,  
20 I feel that you should become aware of this problem  
21 first, that the mentality, the attitude toward the  
22 drug, and even if you come a little closer, society  
23 comes into even more, you talk about the generation,  
24 Kentucky Fried Chicken, the society has become drug  
25 oriented, commercials, this attitude toward drugs,  
26 turn on and so on and I think they should be given  
27 consideration.

28 MR. PETERS: May I ask you if  
29 you feel that the dignity of youth is being  
30 violated by those people who work within the legal



1 model, namely the police?

2 THE PUBLIC: I think it is  
3 being violated to the extent where the young people  
4 are not asked why they are taking this certain drug.  
5 The philosophical reasons for taking the drug today,  
6 are really hogwash. Like I said, we live in Canada,  
7 it is industrial, so therefore, we have people who  
8 are aware the society wouldn't last very long. If  
9 we didn't have INCO in Sudbury, the people wouldn't  
10 last very long. I think when the police come along  
11 and say drugs are bad because they cause such and  
12 such. Just going into the philosophical reasons  
13 for taking drugs at school, people say they become  
14 aware. What they teach in school is social mobility,  
15 not awareness at all. For instance, if you walk  
16 down the street, and you see a stoplight, it is a  
17 red light. Now I am eighteen years old, I don't  
18 see it as a pretty red light anymore, I see it as a  
19 stoplight, a symbol. In Timothy Leary, Allan Watts  
20 and so on they outline the philosophical reason for  
21 taking drugs, and that is to see the society in an  
22 environment for what it is. You take mescaline for  
23 instance, which the Aztecs took, and which people take  
24 today, and reflect back, say, 2,000 years ago, upon  
25 these visionaries, these so-called hermits who lived  
26 in the bush, and they said they were visionaries.  
27 The reason for that is the people fasted eight days  
28 straight, and therefore there was no sugar in their  
29 system, no sugar in their brain. Certain glands in  
30 the brain needed sugar for the proper function and



1 which wasn't available and therefore visions and  
2 hallucinations were caused. All mescaline does  
3 and other drugs of that nature, is restrict the sugar  
4 concentration in the brain which causes hallucinations,  
5 and there is no more harm than starving for a few days

6 THE CHAIRMAN: Gentleman at  
7 the microphone?

8 THE PUBLIC: I would just like  
9 to make a few personal comments here, in regards to  
10 the younger generation. It is my personal feeling,  
11 if they want to mold our society, our present day  
12 society, they must do it within society not on the  
13 outside. As far as this country is concerned, and  
14 the democratic system is concerned, the people who  
15 started this country and have come to this country,  
16 I am sure were not hepped up on drugs. It was a  
17 lot of hard cotton-pickin' work that molded this  
18 country. Therefore, I say to the younger generation,  
19 if you want to change society, get out and work.  
20 Don't criticize. Get out and mold society. We will  
21 listen to you as adults; we will listen, but lets  
22 not sit in a little group and smoke hashish or  
23 whatever you do, and criticize while under the  
24 influence. Let's have a level head about this on both  
25 sides. Sure we may live within a bureaucracy, but  
26 let's try and overcome it together. Now as far as  
27 going back to the Bible is, I am not any authority  
28 on this, but it seems to me a little while back, I  
29 read a story somewhere when Israel overtook parts of  
30 Egypt, and as we all know in the Far East it is





1 quite legal to smoke whatever they want, they even  
2 smoke opium, and these people have been, as far as  
3 advancement in their whole way of life, under the  
4 influence of these drugs, they haven't made anything  
5 except they still ride the camel. And now the people,  
6 from the Israelis who overtook parts of Egypt, since  
7 they have been in Egypt they have discovered a  
8 temple that was burried over. Now the Egyptians  
9 under the influence of drugs have just been walking  
10 over this site, and here it has been with them all  
11 the time.

12 So I say to the young people  
13 of today, okay criticize us, and criticize our  
14 government, and criticize this Commission, but let's  
15 do a bit of work instead of criticism.

16 Thank you.

17 THE CHAIRMAN: Gentleman at  
18 the microphone?

19 THE PUBLIC: Just one last  
20 word as a parent. I am a member of the older  
21 generation. I work with Bill McMullen out at The San.  
22 I am director of group therapy there, and I notice  
23 that you talk with kind of a patronizing, we are  
24 higher status, and the adolescents are lower status  
25 and therefore, there is a certain degree of talking  
26 down. But I think we are all victims of our own  
27 Calvinistic ideology in the sense that we are awfully  
28 success oriented and we look to our children to  
29 fulfil -- to either immitate us, in our so-called  
30 successful career or we look on them to make up for



1 for our failures and so we see them in one category:  
2 success and buying the middle class materials in a  
3 package, conspicuous consumption, which our whole  
4 society is geared to. As older people we have to  
5 look two ways. We have to look to the older  
6 generation when we become older. What is the purpose  
7 of life, you know? We can't look to them to fulfil  
8 this myth of success on a materialistic basis. So  
9 what I see in my parents' group is a hundred per cent  
10 confusion. They themselves are duped by the  
11 Calvinistic ideas of success and they are trying to  
12 teach the kids this crap, you know, and then they  
13 accept them on condition. They don't accept them on  
14 condition as people, they accept them on condition  
15 of their success. And unless we widen our own  
16 horizons and become less dependent on them, and more  
17 dependent on ourselves to meet whatever we call  
18 fulfillment, then we are all going to be fouled  
19 up in our own confusion. So it is really social  
20 disorganization not only in the adolescents, and  
21 they are using drugs to escape this, but in us too  
22 where we flee into our work, we flee into myths,  
23 so the thing is, we as leaders have to know, you know,  
24 what is our philosophy in life, and what is life,  
25 what is the purpose of life? Is it to gain all kinds  
26 of material success, or is it in talking to ourselves  
27 as parents, and kids talking to themselves. If we  
28 talk meaningfully to ourselves and see this in terms  
29 of universal purpose, I am damn sure we can give  
30 some sort of direction to the kids and make them





1 want to be like us.

2 THE CHAIRMAN: Thank you.

3 The gentleman at the microphone?

4 THE PUBLIC: Gentlemen, I am  
5 23 years old and I have a college education, and I  
6 presently work as a labourer at the International  
7 Nickel Company. This is because I enjoy that more  
8 than office work. I have used on both marijuana  
9 and hashish and I don't want to take a religious  
10 sort of outlook on it. I think it is more a sort  
11 of a social thing, perhaps like alcohol for the older  
12 generation, at least for me.

13 The first time I used it, I  
14 was on a research project in Lesotho which is in  
15 Southern Africa, and I was given it by a man by the  
16 name of Seisso Mamas, who is a member of the upper  
17 house for the Lesotho Parliament and also  
18 present at that party were a number  
19 of high ranking officials of that country. It is  
20 illegal there mostly because of the British Reign  
21 which lasted about a hundred years in that particular  
22 part of the world, and it is used -- the laws  
23 against it are as the vagrancy laws here. But as  
24 the culture, it is something that has been in their  
25 culture for hundreds of years, and I don't think it  
26 has done as much harm as the Scotch to which some  
27 of the other chiefs are addicted. I don't think  
28 it has done me any harm personally.

29 The main thing I would like  
30 to lay on the Commission this morning is something



1 that I have seen in my own country, which is the  
2 United States, and I think it is something which I  
3 think is coming to Canada, and that is the fact that  
4 as long as drugs which are basically harmless in my  
5 point of view although I am not too qualified to  
6 decide--remain illegal they become the property of  
7 what I like to call the highest form, the highest  
8 development of capitalism, the Mafia. I have seen it  
9 happen in city after city, in the States where I was,  
10 sometimes while I was actually there, and I know from  
11 friends that it has happened in Montreal, and I am not  
12 sure what is happening in Toronto, but I think the  
13 same thing could probably be expected there.

14 The Mafia and groups like that  
15 move into the drug trade. They use, sometimes as  
16 a warning to officials of the government, they achieve  
17 protection from people who peddle their brand of drugs  
18 while others who are peddling, say, self imported  
19 directly from overseas, find themselves arrested  
20 and harrassed by the police. I am not sure this is  
21 happening in Canada, but it does happen in the States,  
22 and I think knowing the nature of the organization  
23 we are fighting, I think we can expect it to happen  
24 here. It is in the nature of the Mafia to try and  
25 subordinate officials of the government in some way.

26 The quality of the drugs one  
27 obtains goes down. I personally believe that pure  
28 maijuana and hashish are not that dangerous, but  
29 you find that when the Mafia moves in, all the  
30



1 hashish is cured with opium and a lot of the grass  
2 is cured with opium or heroin, and the drugs that  
3 come from China or other countries like that, are  
4 laced with strychnine or something else. The purpose  
5 of this, of course, is to addict the people who use  
6 the drugs and get them onto the higher priced drugs,  
7 which the Mafia also controls. I think this  
8 Commission has the duty to look into this problem  
9 and to recommend to responsible officials of the  
10 government some way to prevent the traffic which  
11 is going to continue no matter what people do in  
12 the government to some way keep this trafficking  
13 out of the hands of people who make it worse than  
14 it would ever be by itself. End of statement.

15 Thank you.

16 MR. PETERS: May I make a  
17 related comment. I see adolescents in the high  
18 schools, some of whom have been quite involved in  
19 the drug culture, and when I am speaking to some of  
20 these kids it frightens me because many of these  
21 kids find themselves caught between two forces. The  
22 one force is the law, the police, parents, teachers,  
23 who are not in agreement. The other force, of course,  
24 is the criminal forces, the Mafia and associated  
25 groups which have invested in selling drugs and  
26 sort of have a business investment in drug use. And  
27 many of these kids are caught between both the  
28 police and perhaps this other criminal element, and  
29 they are almost moving outside of the law because  
30 they don't feel they can go to the police for protection





1 and of course, going to the criminal elements for  
2 protection from the police I suppose is not heard  
3 of either. But they are really living outside of  
4 the law. They can't take advantage of the law.

5 THE CHAIRMAN: Gentleman at  
6 the microphone?

7 THE PUBLIC: Yes, if it is  
8 possible to speak, I don't think I am out of line  
9 but the problems that arise here vary. I am not  
10 familiar with all of them when you talk about  
11 different drugs and things like this. But I think  
12 this is basically/the problem of the drugs being so popular  
13 with the kids who are not very acquainted with them,  
14 and want to begin to see and go around -- the  
15 pushers get their biggest push from these people,  
16 they are the people that are buying them, and it  
17 is like the pushers advertising, like, pink acid, which  
18 I don't know what it consists of, and really I don't  
19 care, and things like this. So what possibly could  
20 be a solution, I think would be a positive approach  
21 to the non-medical use of drugs, would be to inform  
22 people of what the drug contents and what the hazards  
23 are. I don't think too many kids know where they  
24 are going anyways about the drug scene, as long as  
25 they are taking it and having a good trip, this is  
26 what counts. Pushers are coming out with new names  
27 about little pills and they raise prices, the higher  
28 it is the more expensive, the more you think you  
29 are getting a better trip and this seems to be the  
30 kick of what is going on. So if there was a sort



1 of a center erected or based where the mass of the  
2 kids could be formed together, and if our Board or  
3 Commission wanted to observe the kids they could  
4 do it in this fashion by giving them a place to go,  
5 something to do, instead of standing in the streets,  
6 and waiting in line like this -- instead of -- taking  
7 them away from the drug scene instead of telling  
8 them, "No you can't do this, you can't do that." The  
9 way you have to stand in the street is to know drugs  
10 completely to know what the pusher is talking about  
11 and this is completely impossible. The idea would  
12 be to get the kids to realize that other things  
13 are in social life besides drugs, and not to make  
14 them so important that they effect the teenagers  
15 all the time. The main gossip is drugs. It is  
16 becoming a household word -- well almost, and this  
17 is how they got so popular. Everybody wants to  
18 talk about them and this is what is leading to  
19 the status in drugs. So the ability to form a  
20 center -- and I am on a project now, which plans  
21 to open a center where the kids -- art and music --  
22 all the drugs are being sold at these centers, like  
23 when the city holds dances, this is when they make  
24 their moves and sell the most of drugs. Now  
25 for instance this center that was opened, and  
26 there was dances and things like this, different  
27 activities that the kids are interested in today,  
28 instead of just leaving them out on the streets.  
29 Now I would assume that the drugs would be less  
30 effective on them. They would be occupied in doing





1 something that they like, not just standing in the  
2 streets, or in the mood if somebody comes up to you.  
3 and you are doing nothing, and they suggest something,  
4 and you say "why not". So if these kids could  
5 improve their ability, not if they are going to  
6 school, but many of them have other abilities  
7 like music, they fancy music, so why not give them  
8 something to go to, instead of taking it away all  
9 the time. I think this is what may be a solution.

10 Thank you.

11 THE CHAIRMAN: Thank you.  
12 Before you sit down, are sports not popular today  
13 among young people?

14 THE PUBLIC: Sports are  
15 popular to -- you see this goes into complexed  
16 things with kids. This is what they want to do, but  
17 the most effective means is music. This is  
18 communication.

19 THE CHAIRMAN: Arts are more  
20 in line than sports, then?

21 THE PUBLIC: Yes. This is  
22 where these trips began, on lighting systems,  
23 the effect of music -- things like this. I have  
24 done a little bit of research on this and you can  
25 almost take a trip on music, instead of taking a  
26 trip on dope, which is an illusion in your mind  
27 in the first place.

28 THE CHAIRMAN: I gather you  
29 are trying to set up a center, and I wonder if you  
30 could give us an impression of the kind of support



1       that there is around about for art? Is there much  
2       community interest in providing facilities for  
3       artistic experience and expression? Is that in a  
4       conscious state?

5                       THE PUBLIC: To my knowledge  
6       everybody likes to relax, and this is an immediate  
7       problem in the city itself here, where the kids here  
8       are pushed to the street. Like for instance, take  
9       the coffee houses they have--we don't have any but  
10      they have restaurants so the kids come in and drink  
11      coffee and things like this and they cover charge  
12      them, so, you know, the kid has to pay a dollar to  
13      sit down. So you know, he is on the street, there  
14      is nothing he can do, there is nothing going on. So  
15      this pusher comes on and says, "Well how would you  
16      like to get high instead of standing in the streets?"  
17      So these kids say "okay," and they don't take any  
18      part in any entertainment no matter how.

19                    THE CHAIRMAN: Thank you  
20                    Are there any other questions  
21      or observations for Mr. Peters?

22                    Thank you very much Mr. Peters.

23                    We call now on Mr. Lamoureux,  
24      Directeur Adjoint, Centre de la Culture Francaise.

25                    Is Mr. Lamoureux here?

26                    We call on Mr. Chris Johnson.

27                    MR. JOHNSON: I don't have  
28      any formal brief to present. My initial reaction  
29      upon hearing of this inquiry, was to think, well, you  
30



1 have been from St. John's to Victoria, and across  
2 Canada, but what they want is comments on the local  
3 scene here. There is, as has been pointed out, nothing  
4 for the kids to do, and it simply has to be described  
5 as the dope center of Canada by some people. Now,  
6 the young people are faced with the attitude of  
7 the older people -- for example, Mr. McMullen  
8 mentioned that City Council in Sudbury endorsed a  
9 Motion of the City of Chatham. The City of Sudbury  
10 received a letter from Chatham. Perhaps I could  
11 read this out to you:

12 "At a recent meeting of the Council  
13 of the City of Chatham, a Council member presented  
14 the following information along with a resolution on  
15 marijuana and suggested that it be circulated throughout  
16 Ontario.

17 "What does the future hold for the  
18 young people of today? Are we, as parents, concerned  
19 enough today to think about our childrens' future?  
20 Fifty years ago air and water pollution were unheard of;  
21 today we are faced with <sup>this</sup> situation that we may not be  
22 able to solve. A few years ago, smoking was the in-thing  
23 to do; now we are being bombarded from every side  
24 advising us how injurious to health smoking is. In  
25 the eastern and mid-eastern countries, marijuana is  
26 prohibited and punishable by death. They have found  
27 that marijuana is detrimental to the psychological outlook  
28 on life. This is the reason the World Health Organization  
29 regards marijuana as a dangerous drug. In 1944, Mayor  
30 La Guardia asked the New York Academy of Medicine to





1 | undertake a thorough study of marijuana. They found  
2 | that marijuana produces physical and psychological  
3 | effects such as:

4 |                   It loosens inner restraints or  
5 | inhibitions; it can bring emotional conflicts to the  
6 | surface; it affects the ability to respond correctly  
7 | to danger; it is often the first step to the use of  
8 | the hard drugs such as heroin, LSD, etc.; it does  
9 | create psychological and emotional dependence; it may  
10 | lead to withdrawal from the world.

11 |                   "From the above study it can be  
12 | concluded that the use of marijuana over an extended  
13 | period of time will leave a person lethargic  
14 | and apathetic; he will be living in a dream world.

15 |                   "Following full consideration of this  
16 | matter, the Council adopted the resolution and recommended  
17 | that it be circulated to all the cities of Ontario, the  
18 | Associations and others."

19 |                   Now, that resolution which was  
20 | endorsed by Chatham is as follows:

21 |                   "Whereas recent studies have  
22 | indicated here in Canada that marijuana is used in  
23 | colleges and universities, and now it has penetrated  
24 | into the secondary school system and many reports  
25 | indicate that it is now being made available in the  
26 | elementary schools, and if permitted to continue, the  
27 | users of this drug could very well be the welfare  
28 | cases of tomorrow;

29 |                   "Whereas we should be concerned about  
30 | marijuana and its uses;



"Whereas air and water pollution is now a problem because no one cared;

"Whereas east and mid-eastern countries are prohibiting marijuana;

"Whereas very little is known about marijuana;

"Whereas marijuana is a factor in many crimes;

"Whereas young people are Canada's future leaders and its biggest asset;

"Be it Therefore Resolved that this Council strongly recommend that marijuana remain under the Food and Drug Act until a thorough study has been made."

Well, from the information that was given that City Council; one, marijuana is not under the Food and Drug Act, it is under the Narcotics Control Act.

To go back to these quotes from the La Guardia report, in that report I could find no mention of LSD and it is quoted here as saying that it is the first step to hard drugs such as LSD. And the report said, "The use of marijuana does not lead to morphine or heroin or cocaine addiction. Marijuana is not a determining factor in the commission of major crimes."

Now, this resolution, unfortunately, was circulated and the City Council of Sudbury did make the change from "the Food and Drug Act" to "the Narcotics Control Act" and voted on it last Tuesday





1 | night. And I spoke on that motion opposing it and  
2 | apparently, speaking of attitudes of the elders of this  
3 | city, there was not enough response to warrant any  
4 | consideration. It seemed that there was a complete lack  
5 | of interest. There were two people who I think voted  
6 | against the motion. One said it was not the province  
7 | of the city to deal with it, and the other asked that  
8 | it be deferred since, one of the things, this Commission  
9 | would be having a hearing here today.

10 |                               Now, in Sudbury, there are attempts  
11 | at various programs underway to provide centers for  
12 | young people, drop-in-centers. I, myself,  
13 | am planning to get the use of a building which is  
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--- pg. 70 follows



1 owned by the City of Sudbury, to provide a center  
2 where young people can come, they can sit down, where  
3 if they want to take part in artistic, recreational  
4 activities they will be able to do so. Now, we  
5 constantly hear the term, "drug abuse". I don't  
6 like the term "abuse". There is a need among all  
7 people for some form of escape. I have a form of  
8 escape. It leads to harmful effects. I will go  
9 sit in a corner and be completely withdrawn from the  
10 world. It has some physical ill effects, I get  
11 calluses on my fingertips of my left hand. My  
12 escape is playing the guitar. Now, I used marijuana  
13 and hashish and for me these cannot provide an  
14 escape from the world. On the contrary. When I have  
15 tried to use it as an escape it has just had the  
16 opposite effect. It has caused me to look more  
17 deeply at these problems that I have, and to attempt  
18 to more seriously find a solution to them.

19 I don't know what else to  
20 say really, I presume the Commission is aware of  
21 such studies as were done in 1894 by the Indian  
22 Hemp Drug Commission which was done under the  
23 auspices of the British Government. They had such  
24 conclusions as the moderate use of hemp drugs has  
25 no bad results at all. And in India where it was  
26 commonly available it is added that the moderate  
27 use of the drugs is the rule and the excessive use  
28 is comparatively exceptionable.

29 Now, that Motion I read  
30 to you included the statement, "Whereas very little



1 is known about marijuana". Well starting with  
2 that report in 1894, which is a three thousand  
3 page report through the La Guardia report and various  
4 other reports, from a bibliography which is  
5 available from 1960 to 1968, 900 works on the subject  
6 have been published. Very little is known?

7 Now, there are, of course,  
8 contradictory reports on this, but the ones I  
9 have seen tend to suggest that marijuana is not  
10 harmful. It may lead, I believe, to slight  
11 psychological dependence, but little more than this.  
12 The Encyclopedia Americana, in a two page article  
13 on drug habits goes into the inter-drug addiction  
14 and analyzes it, in that, oh, two pages, the only  
15 sentence relating to marijuana, it says, "Marijuana  
16 does not lead to tolerance or physical dependence,"  
17 which is two of the factors in drug addiction.  
18 I don't think there is anything more I can add  
19 right now. If you have any questions I will be  
20 pleased to answer, or attempt to answer.

21 THE CHAIRMAN: You referred  
22 to a resolution from the City of Sudbury.

23 MR. JOHNSON: That is correct.

24 THE CHAIRMAN: What is the  
25 substance of that?

26 MR. JOHNSON: "Whereas users  
27 of marijuana could very well be the welfare users  
28 of tomorrow. Whereas we should be concerned about  
29 marijuana and its use. Whereas air and water pollution  
30 is now a problem because nobody cared. Whereas eastern





1 countries are prohibiting marijuana. Whereas very  
2 little is known about marijuana. Whereas marijuana  
3 is a factor in many crimes. Whereas young people as  
4 Canada's future leaders are its biggest asset. BE IT  
5 THEREFORE RESOLVED THAT this Council strongly recommend  
6 that marijuana remain under the--"The resolution of  
7 Chatham read Food and Drug Act". This was changed to  
8 read Narcotics Control Act.

9 That was the resolution as  
10 passed by City Council.

11 THE CHAIRMAN: Dr. Lehmann?

12 DR. LEHMANN: Would you agree  
13 that there is a possibility that if marijuana would be  
14 freely, legally available that some marijuana users  
15 might well become the welfare cases of tomorrow, just  
16 as some alcohol users are the welfare cases of today,  
17 although about 75 to 80% of the Canadian population  
18 uses alcohol, only few, a very small percentage, 3%  
19 or so, are alcoholics and welfare cases, but they  
20 still amount to several hundred thousand. Now, would  
21 you consider the possibility that this might happen?

22 MR. JOHNSON: I would say  
23 that the total number of people who are under this  
24 state would be greater were the use of alcohol and  
25 marijuana freely available. I think the total  
26 number would be about the same.

27 DR. LEHMANN: On what would  
28 you base this assumption?

29 MR. JOHNSON: Because I think  
30 the cause of people becoming the welfare cases, as



1 you put it, or as the council put it, is not the  
2 factor so much of the drug itself, of alcohol and  
3 marijuana, as the psychological state of the  
4 person, and drug does not cause the ill effects.

5 DR. LEHMANN: No, but the  
6 drug brings out certain personalities; susceptibilities  
7 For instance, quite a number of people who would  
8 never become alcoholics become drug dependent and  
9 possibly, well, evidently welfare cases because  
10 they are introduced to barbiturates and had they  
11 not been introduced to barbiturates they would not  
12 have become drug dependent. Now isn't it conceivable  
13 that people who will be introduced to marijuana,  
14 would become dependent on it, and disabled although  
15 they might not have become alcoholics?

16 MR. JOHNSON: I would say  
17 the possibility is there. I would say also the  
18 possibility is no larger than with alcoholics.  
19 I would say a larger number of those who will  
20 become alcoholics would--they are going to  
21 find this methods of escape anyway, and I think  
22 whether it is through the use of marijuana, or  
23 through the use of alcohol, that they still find  
24 it. Another thing that has been pointed out in  
25 some studies is that marijuana tends to be found  
26 largely among unemployed. And these studies, I  
27 think have shown rather than the use of marijuana  
28 causing the unemployment, it has been the other way  
29 around. Being unemployed, they need something to  
30 create a feeling of adequacy and therefore, go to





1 marijuana.

2 THE CHAIRMAN: Gentleman  
3 at the microphone?

4 THE PUBLIC: Would it be  
5 possible to assume then, most alcoholics or drug  
6 addicted people, are people who have nothing to  
7 live for?

8 MR. JOHNSON: I think in  
9 many cases this is true, yes.

10 THE PUBLIC: Then would it  
11 be safe to assume, to have a center for people like  
12 (so) could go to and learn new forms of relaxation or  
13 things to do, rather than to venture into something  
14 that might -- they might not know is harmful. Rather  
15 than venture into something harmful like this,  
16 venture into something that is qualified or  
17 supervised or something safe instead of marijuana  
18 or alcohol?

19 MR. JOHNSON: Yes, I think  
20 I said a drug center is necessary. You are attempting  
21 to provide this service; I am attempting the same  
22 thing. There is room in this city for many such  
23 centers, and I feel that these could go a long  
24 way to providing ultimate activities for young  
25 people.

26 THE PUBLIC: Yes. Is  
27 everybody well aware of what a drop-in-center would  
28 be? To your opinion what would a drop-in-center  
29 consist of?

30 MR. JOHNSON: Well, the plan



1 I have, should I get the building I am trying to  
2 get, there would be an area just to come in, sort  
3 of lounge area, there would be sort of a cafe area.  
4 There would probably be music rooms, maybe some sort  
5 of library, I don't know. There would be things  
6 like tables for tennis, pinball machines, and if  
7 there is room in this building, just about  
8 any activitiy that the young people care to engage  
9 in.

10 THE PUBLIC: Would you allow  
11 then, to your own opinion, if marijuana became  
12 legalized, would this be a place for it? Would you  
13 disallow drugs or alcohol at all in there?

14 MR. JOHNSON: As long as  
15 marijuana remains illegal I would have to do my  
16 best to exclude it from the building, because I  
17 feel there is a need for this building which should  
18 not be jeopardized by use of marijuana on the  
19 premises. But should marijuana become legal,  
20 depending upon what restrictions were placed upon it,  
21 I feel that I would abide by the law.

22 THE PUBLIC: Thank you.

23 THE CHAIRMAN: Before you  
24 sit down, what you referred to in the last few  
25 minutes, both of you are in activities of a  
26 recreational nature. There is an implication in  
27 a lot of what we hear, that there is a lack of --  
28 well, there is a lack of purpose, lack of sense  
29 of purpose, a lack of any sort of constructive  
30 enterprise having social value. Is there any



1 consideration about work, apart from recreational  
2 services, about hard work, outdoor work that would  
3 be of social value, that would contribute to the  
4 country, and which would also build health, and maybe  
5 the natural thing we have been told about, the kind  
6 of physical experience that other generations have  
7 had in military training, say. I know this is a  
8 bad word to raise today, but I am not speaking for  
9 the purpose of the training, I am speaking of the  
10 effect on the physical well-being of a whole  
11 generation and those who survive it. Is there any  
12 thought about that kind of outlet through work. Was  
13 that discussed at all?

14 THE PUBLIC: Yes. This is  
15 what this center would imply, like a good solid line  
16 would be more adapt to work and become a useful  
17 citizen than to think himself incapable or a reject.  
18 So this center would be provided to them, so that  
19 they could find out that they are like other people,  
20 they don't need drugs, they don't need to be on  
21 anything to be themselves. And the most effective  
22 way of communication to them, would be the system  
23 where you could get the mass of people attend and  
24 realize and analyze what they are doing at the  
25 center, meet with other people who are qualified  
26 and talk with them at their own level, like just  
27 an ordinary person, not an official visit. But  
28 just as talking as friends instead of going to a  
29 center, like going to an office, or to see a  
30 psychiatrist. This center would be a place here





1 people like this could meet and discuss difference  
2 of opinion and analyze the situations. This like  
3 communication, music, this, if we push this kind  
4 of thing because I find that if you want response  
5 to any social youth group, you can do it through  
6 dances, and you have different facilities available  
7 to them like coffee shops and this kind of thing  
8 where they can meet and discuss. In this center  
9 there could be a library on drugs where the kids  
10 could go, like they do it as a whole body, not just  
11 a few, and the response would be very good. I  
12 could bring a brief this afternoon for you to read  
13 if you like on this -- and speak more in depth  
14 about it.

15 THE CHAIRMAN: Thank you.  
16 The gentleman at the microphone?

17 THE PUBLIC: You asked a  
18 question in reference to young people doing some  
19 hard work for the betterment of the country. I  
20 read an article once where it stated that practising  
21 the piano was equilivant, or I should say practising  
22 the piano for two hours is equilivant to chopping  
23 wood for seven hours. Now I am teaching music to  
24 young people -- not classical music but popular  
25 music, I am teaching them theory, and going in  
26 depth in the study of music. And these people some  
27 of them 15, some of them 18, 19, and I have a  
28 student starting on Saturday, and he plays bass  
29 for a band in town, he has plenty of money to spend,  
30 he could spend it on drugs, on dances, on guitar



1 equipment. He will be spending \$7.00 on Saturday  
2 to take music lessons. It is going to be gruelling  
3 work for him. He's playing bass. How is he going  
4 to practise bass when he has no band to practise  
5 with? How is he going to be able to picture or  
6 hear music in his head and then practise the bass  
7 part to it? This is going to be gruelling work  
8 for him and yet he is willing to spend all his  
9 free time on it. He is willing to spend every night  
10 practising on the bass, rather than going on drugs.  
11 He is willing to spend hours travelling back and  
12 forth to a dance job. He is willing to play  
13 three or four hours at a dance and he is willing  
14 to pay \$7.00 a week/ and he is willing to spend  
15 two hours at this work. I think this is the kind  
16 of work, and I think not only is this going to  
17 help him to make a little money, that he may not  
18 ordinarily be able to make because he is potentially  
19 unemployable, he has long hair and a beard, he is  
20 not nice to look at as far as adults are concerned.  
21 And I think that he is accomplishing something and  
22 if more people had activities of this nature, in  
23 this city and in other cities, something like arts,  
24 music and arts, on the students level, young persons,  
25 rather than on an academic level, then we would be  
26 on the right path to conquering drug abuse or drug  
27 use. We would be giving them alternatives rather  
28 than reasons to use drugs.

29 THE CHAIRMAN: Thank you.

30 Gentleman at the microphone?





THE PUBLIC: Mr. Chairman

I would like to continue this same line. I object to the inference that a lot of people made and I hope you were just taking it rhetorically this marijuana or hashish is necessarily linked in a cause-effect relationship with not wanting to work. Where I went to university, and I graduated, the highest achievers, the people who graduated with me at the top of the class, the people who worked the hardest on student projects, and our student government was in charge of a whole range of student services besides the usual dances and things like that, the people who worked on poverty projects every week-end, we went out -- you know they had to study during the week, and went out on week-ends in the small towns, and worked for hours and hours without pay; the people who joined the Peace Corps, and I was in the Peace Corps for a few months, and I resigned at the end in order to come to Canada, deciding that was a better course; the people that I found there, the majority of all of the these use marijuana and hashish. I don't say that helped them in any way, but I don't think it hurt them in any way. I don't think it led to any kind of lethargy. When we had the opportunity to start on the Head Start program in which I participated, <sup>they hired</sup> about 50 college seniors and graduate students, they tried to get as many people as possible, because these people would be working out around the country, with no supervision



1 and they had a lot of work to do which was very  
2 frustrating work at times. They needed people  
3 who would do the job. When they finished inter-  
4 viewing people and brought them all together for  
5 the program, we discovered that over 75% of those  
6 involved had used, moderately, and still, occasionally  
7 did use, marijuana and hashish. So I object to  
8 that inference that the two are linked somewhere.

9 THE CHAIRMAN: Any other  
10 comments or questions?

11 Well if not, I think first  
12 of all I will thank Mr. Johnson for his assistance  
13 and just call -- ask again if Mr. Lamoureux is here?  
14 If not I will declare this hearing adjourned until  
15 2:30 in this room.  
16 --- upon adjourning at 12:10 p.m.



1 ---Upon commencing at 2:30 p.m.

2 THE CHAIRMAN: Ladies and  
3 gentlemen, I call this hearing of the Commission of  
4 Inquiry into the Non-Medical Use of Drugs to order,  
5 and I call now on Mr. Michael Meehan, Prosecutor  
6 for the District of Sudbury. Mr. Meehan, if you  
7 would like to be seated?

8 MR. MEEHAN: Yes, Mr. Chairman.

9 First I might apologize,  
10 Mr. Chairman, for the rather rough and hasty  
11 brief I have submitted. I even had to correct  
12 a spelling error in ink. The brief was prepared,  
13 just ready in my office as I came from Court today,  
14 and unfortunately I had been in Court for three  
15 or four days. With your permission I will just  
16 commence with the brief.

17 Since the year 1967 I have  
18 been the federal prosecutor under the Narcotics  
19 Act, and the Food and Drug Act in the District of  
20 Sudbury. During that time as well as prosecuting  
21 under these two Acts, I have spent the majority  
22 of my time in support of the defence of other  
23 charges under the Criminal Code and the Highway  
24 Traffic Act. These charges have ranged from  
25 murder to failing to yield the right of way under  
26 the Highway Traffic Act. As you will note, the  
27 charges from 1968 to 1970 have shown a substantial  
28 increase. I had these statistics, Mr. Chairman,  
29 prepared. Unfortunately, the ones for 1968 are  
30 not complete in regard to the details of previous





record and I wasn't able to obtain that material on this relatively short notice. The ones for '69 are complete. The ones for '70 are not complete because of charges pending and I will go on later to mention, Mr. Chairman, that the details in regard to previous criminal records, or narcotics record are not complete because the procedure is that generally, that is only available at the time of the trial. So I call your attention to that now.

Sudbury is perhaps unique in relation to other small towns, as we have always been the center of various criminal activity because we are the hub of transportation and utilize large amounts of unskilled labour in the mines. There are many other reasons but those are two that come to mind. Some illustrations that may be drawn from the statistics presented are to you/that in the year 1969, out of 48 charges nine of these accused had previous records

under the Criminal Code, or as you will see by the statistics, in two cases, the Narcotics Control Act. One of the these individuals, in relation to the Narcotic Control Act, was tried a second time for simple possession of marijuana, and the other was tried a second time for trafficking in marijuana. And as I explained, Mr. Chairman, the information with regard to previous convictions in '68 was not available and in 1970 was not completely accurate. You will note that our



1 experience here has been that we seldom have  
2 repeaters under either of these two Acts. The  
3 second branch of the statistics is with regard  
4 to education and once again, I do not have the  
5 material available for '68. However, I call to  
6 your attention that in 1969, out of a total of  
7 48 accused, 9 were in school, 7 had graduated from  
8 some sort of high school, or other course,  
9 technical and so on. We do not have the facilities  
10 to find out exactly what the -- what course was  
11 graduated from, and 29 had dropped out of high  
12 school at various levels, and one had not completed  
13 public school. In the year 1970, out of a total,  
14 so far, of 52 accused, 12 were in school, 3 had  
15 graduated from some sort of secondary school course,  
16 and 34 were high school drop-outs. While I admit  
17 that the sample is small, I submit that it does  
18 show for various reasons people who have not been  
19 successful in the educational field, are not being  
20 successful within general society. It is noted  
21 further in this matter that the data about people  
22 in school may not be completely accurate as no  
23 real check is made on whether they, in effect, really  
24 attended school. This comment, Mr. Chairman, is  
25 directed to the fact that quite often we deal  
26 with transients and the information that we have  
27 is second hand, if I may use that word. The figures  
28 that are used with regard to employment, note that  
29 out of a total in 1969 of 48 accused, 14 were  
30 employed, and 24 were not. In 1970, to date, out





1 of a total of 52 accused, 9 were employed and 25  
2 were not. The rest as you will understand make up  
3 other classifications, some in school and so on.  
4 Unfortunately, due to the relatively short time  
5 period that I had to prepare this matter, I was  
6 not able to break this down further between resident,  
7 and non-resident, although, certainly, a large portion  
8 of those accused were not residents of this area.  
9 In effect, there seems to be a large floating  
10 transient population which makes up a large percentage  
11 of the accused in this matter. This has been my  
12 experience and perhaps more so in the summer months  
13 than in the winter months. It might be of interest  
14 to the members of the Commission to note that almost  
15 everyone who has been charged under the Narcotic  
16 Control Act or the Food and Drug Act since the amend-  
17 ments--have been proceeded against on the summary basis.  
18 The result of this has been, in almost all cases, a  
19 fine, varying in from \$100 to \$200 for possession  
20 of marijuana under the Narcotic Control Act, and  
21 a fine ranging from \$200 to \$400 under the Food  
22 and Drug Act, mainly for the possession of LSD.  
23 For trafficking or for possession for the purposes  
24 of trafficking, charges have, under both Acts,  
25 been proceeded with summarily with the exception  
26 of charges against three accused which are  
27 pending at the present time, and it involved  
28 large amounts of LSD and money. The figures as  
29 to the ages of the accused speak for themselves, and  
30 I am unable to advise you as to whether this is



1 an accurate reflection of the usage or whether  
2 in some cases they are more vulnerable to arrest  
3 than people who are older. It is interesting  
4 to note that it has been my experience that the  
5 field of criminal prosecutions, aside from those  
6 under these two Acts, generally deals as well with  
7 youth, and has done so historically. Once again I  
8 am unable to advise you as to the exact reason for  
9 this, although my own opinion is that one contributing  
10 factor is probably the fact that as people grow  
11 older they accumulate more responsibility and do  
12 not have the opportunity to attend at functions,  
13 or associate with people, who are related with  
14 either the drug field or the criminal field, generally.

15 My personal opinion, is that  
16 I would like to see probation used more frequently  
17 than it is as it is the experience of myself and  
18 the main defense counsel in this area, and the  
19 various police forces involved, that most of these  
20 accused appear to be psychotic disoriented and  
21 unable to communicate. I don't want to over  
22 generalize in that, and perhaps my wording is  
23 unfortunate and it should be a fairly large  
24 percentage of these accused (are.) It is noted  
25 that the defense counsel, who defends the majority  
26 of these charges in this area is of the same  
27 opinion. One is unable to tell whether these  
28 accused are disturbed before the use of the drugs  
29 or the disturbance relates to the use of the drugs.  
30 One could, I suppose, philosophize generally, and



1 state that, out of any society there are people  
2 who, for various reasons, cannot get along in  
3 society as we know it. I do not believe that this  
4 is a particularly new thing in the Twentieth Century.  
5 A very small percentage of all the accused who  
6 were found guilty in this area have served any  
7 jail sentence whatsoever, even in relation to  
8 possession for the purposes of trafficking, or  
9 trafficking charges. Jail terms in regard to  
10 possession charges have been meted out on very  
11 rare occasions to people with previous criminal  
12 records, and in relation to the two people, we have  
13 had two previous narcotic convictions. Perhaps that  
14 statement is not completely accurate as this year  
15 we have had more trafficking charges, and they  
16 haven't really been reflected in the statistics  
17 so far. But if I can digress for a moment, as  
18 you are well aware under the Food and Drug Act  
19 you may proceed in two fashions in relation to  
20 trafficking. One is summarily, the other  
21 indictibly, and except for the three LSD accused that  
22 I mentioned earlier, no one else has been proceeded  
23 against indictibly under the Food and Drug Act,  
24 for trafficking. Once again, since I kind of  
25 prepared this material, the two most recent  
26 sentences for possession for the purposes of  
27 trafficking in this area on a summary basis, have  
28 been three months.

29 THE CHAIRMAN: If I might  
30 just ask for clarification at this point, Mr. Meehan,





1 I notice on page 3, you say on trafficking or  
2 possession for the purpose of trafficking, charges  
3 under both Acts have been proceeded with summarily  
4 with respect to the Narcotic Control Act.

5 MR. MEEHAN: Quite so.

6 THE CHAIRMAN: Excuse me.

7 MR. MEEHAN: That is quite  
8 all right, Mr. Chairman, I had missed that when  
9 I read it over. From the experience I have had  
10 in this field and from talking to others who have  
11 experiences in this field, it is my opinion that  
12 marijuana can have adverse psychological effects  
13 upon the user. This seems to vary by personality.  
14 However, most of the users that I meet appear  
15 disoriented. There are as well people who have had / various  
16 violent episodes from the use of LSD or speed which  
17 appears to have a lasting and, perhaps a more proper  
18 word there, Mr. Chairman, maybe "recurring effects".

19 I am personally opposed to  
20 the legalization of marijuana and will not attempt  
21 to base that opposition on scientific data because  
22 I am not a scientist, but on the fact that even  
23 by its own adherents, the use of it is related to  
24 that of alcohol. Alcohol is a source of constant  
25 disruption, pain, suffering and agony in our  
26 present society, and if I may digress for a minute,  
27 I think anyone who has ever attended Provincial  
28 Judges Court or Magistrates' Court in any of the  
29 provinces would soon become aware of the difficulties  
30 which the law enforcement people and society in



1 general have with the use of alcohol. Despite  
2 highway legislation, breathalyzer legislation,  
3 enforcement of the Liquor Control Act, Social  
4 Services and so on, alcohol continues to wreak havoc  
5 in our society. It is my submission that one  
6 could base an entirely / <sup>logical</sup> argument to forbid the  
7 use of marijuana on the fear that it would encroach  
8 upon the members of the society in the same fashion  
9 as alcohol. Adherents of marijuana state that  
10 prohibition in the United States and Canada did not  
11 stop the use of alcohol. With this I would agree.  
12 But I would also point out that legalization of  
13 the use of alcohol did not solve any of the problems  
14 arising from the use of alcohol. The experience  
15 in this area has been that LSD, and other prohibited  
16 drugs such as speed, are harmful. It has also been  
17 that marijuana leads, in the case of a fairly large  
18 number of individuals, to the use of other  
19 drugs such as LSD, speed, and so on. It may be  
20 that heroin is involved here, although we have not  
21 been able to firmly decide whether it is true  
22 because as you might appreciate, much of our  
23 information, before arrest, is merely on the basis  
24 of rumour. And on the contrary, in this district,  
25 we are not putting the kids in jail, and we did not  
26 before the Act was amended, and unless you consider  
27 high school drop outs and unemployed as the cream  
28 of society, we are not putting the cream of our  
29 present youth through the process of prosecution in  
30 the Criminal Courts. One is somewhat sceptical





1       about the details of the users of these drugs as  
2       to their lack of effect as one is always sceptical  
3       about the story told by one who is intoxicated.  
4       We have on numerous occasions in this area, seized  
5       drugs, and received statements from the accused  
6       as to what they were, and that he had sold them  
7       and so on, and upon analysis found them to contain  
8       nothing forbidden under any Act. A notable incidence  
9       of that, Mr. Chairman, is the fairly constant use  
10      of shag tobacco in little plastic dime bags. As  
11      a member of the City Council in the City of Sudbury,  
12      I feel that I can speak with some authority when  
13      I say that in my opinion, the great majority of  
14      the population of this area does not wish to see  
15      marijuana legalized, and a resolution was passed  
16      the other night at City Council stating this. I  
17      will go back to that particular item later, Mr.  
18      Chairman. It might be interesting to the Commission  
19      to note, that in the charges I mentioned earlier  
20      wherein the analysis showed that the substance were  
21      not a forbidden substance, the charges were either  
22      withdrawn or not laid. This is despite the sections  
23      where Crown Counsel may charge for holding out  
24      to be a narcotic. It might also be of interest to  
25      note that there has never been a successful appeal  
26      from this district on either sentence or conviction  
27      although to the best of my knowledge there have  
28      only been two such appeals in any case. There is  
29      also the fact that approximately 95% of all  
30      accused are represented by counsel generally under



1 the Legal Aid System of the Province of Ontario, and  
2 I supply you with this estimate in my capacity as  
3 Chairman of the Legal Aid Committee of the people who  
4 either deal with drugs or use drugs have a ready source  
5 of funds from the sale of these drugs to others who  
6 experiment with them on either the human basis of  
7 curiosity or as part of the normal process of growing  
8 up. The drug culture, if such a thing there is, seems  
9 to be inhabited by wanderers and generally policed  
10 and controlled in a large degree of avrious motorcycle  
11 gangs, who do not hesitate to threaten, intimidate  
12 and profit by those weaker and more unfortunate than  
13 they. If I may, Mr. Chairman, I will go back to that  
14 City Council Resolution and state that I think  
15 it was, if you like, a resolution endorsement of  
16 a resolution by another City Council and I think  
17 the particular wording of it, if it ever does get  
18 to the Commission officially, is most unfortunate.  
19 It deals with the legalization of marijuana and the  
20 preamble, in my humble estimation, is terrible. And  
21 if you see it when it comes to you, you may remember  
22 those comments. You will also note that in my  
23 brief, Mr. Chairman, and I think I might emphasize  
24 this, that my opposition is to the legalization of  
25 marijuana. I make no real brief to continue it  
26 in the Narcotic Control Act.

27 MR. STEIN: Do you have any  
28 way of estimating the degree to which the 46 or so--  
29 was that the figure of charges laid?

30 MR. MEEHAN: Which year?



1 MR. STEIN: Well let's take  
2 the last year, '69, 48 charges laid. To what  
3 extent this population is, in your estimation,  
4 characteristic of the users in general in this  
5 area -- I realize there is no way through hard data,  
6 but we are interested in trying to ascertain why  
7 some people end up before the Courts and apparently  
8 very many people never do end up before the Courts.  
9 What seems to be the operating factors that might  
10 lead to ---

11 MR. MEEHAN: Well, to put  
12 it in a local situation -- I am sorry, you will  
13 forgive me, I can't see the name -- I suppose in  
14 this area, if you stand on Durham Street long enough,  
15 shuffling from one foot to another, you will  
16 eventually be recognized by some law enforcement  
17 agency who will promptly grasp you, and perhaps find  
18 narcotics on you. You may notice -- I just brought  
19 this along -- my very flashy ring which is a souvenir --  
20 to give you an example, I think as pointed as I can, a  
21 gentleman was seized on Durham Street, which is one  
22 of our two main streets. When he was seized, he  
23 was wearing this ring, and had several other rings  
24 like it. The top flips like that, and as someone  
25 told me this morning, it is pretty obvious -- and in  
26 it were six tabs of LSD, and later information led  
27 to, you know, something like 30 tabs of LSD. Your  
28 question may be really impossible to answer. I  
29 suppose if one flew forty miles north of here, in  
30 the bush, with acid or speed, or whatever you had





1 on a camping week-end, one would use it with relative  
2 impunity. I don't think this is all that common.  
3 I just don't. You receive so many varied estimates  
4 from people that it is very difficult to come out  
5 with any real hard conviction.

6 MR. STEIN: Let me ask you  
7 one further question on that. In some of the larger  
8 cities, the statement has been made to us, especially  
9 by the university students, that although there is  
10 widespread use of various illegal drugs, in their  
11 particular part of the community, it is practically  
12 unheard of for any law enforcement efforts to be  
13 directed in that quarter. So behind my question  
14 was perhaps another question, and that is, to what  
15 part of the community is law enforcement directed,  
16 or could one make that kind of a statement? You  
17 have indicated the more visible street corner  
18 location might be the most likely place where the  
19 individual might be apprehended. In that to  
20 assume that law enforcement is not going outside  
21 of this kind of locale to seek information or  
22 evidence for laying charges?

23 MR. MEEHAN: Well, of course,  
24 I don't know whether I should generalize here, but  
25 perhaps I will. I think the experience of any  
26 university town, if that is what you are speaking  
27 of, leads one to the conclusions that there are  
28 two communities in the area. I am a graduate of  
29 Queen's University, and I think that was probably  
30 true. I think to a certain extent that is true here



1 in relation to our Laurentian University. They  
2 are even more separated by distance being on the  
3 other side of the lake, and I will go back to that.  
4 As a matter of practicality one operates, I think,  
5 if one is a law enforcement officer, on the basis  
6 of information received, unless you receive  
7 information from an educational university, especially  
8 one that has a large percentage of people staying  
9 in residence. It is unlikely that really, there is  
10 anything concrete you can do, because no one has the  
11 general right to search. You can imagine the uproar  
12 if a relatively small R.C.M.P. detachment here  
13 descended on the Anglican residence at Laurentian  
14 University.

15 MR. STEIN: Don't they have  
16 this right with the Writ of Assistance?

17 MR. MEEHAN: In theory they  
18 might have, but practically, they don't. In this  
19 area there has never been any general use of the  
20 Writ of Assistance, and I think you will find that  
21 there never will be. There is a second branch of  
22 that, that in the city proper, there are two branches  
23 of enforcement, one being the City Morality Squad,  
24 the other being the R.C.M.P. detachment. These are  
25 both very small groups of men. Our present  
26 city force, I think by the Ontario Police Commission  
27 Report, is something like forty or fifty men  
28 understaffed. The R.C.M.P. detachment is a local  
29 detachment with general duties and with no drug squad,  
30 if I may use that word, as I understand





1 Metropolitan Toronto has. So I would say that it  
2 is a combination of the two factors there. And of  
3 course, there is another thing, too. No matter who  
4 you are, of course, if you robbed the bank on  
5 Elm Street, at high noon, you are much more likely to be  
6 apprehended promptly than if you had sent a cheque  
7 through quietly on Tuesday morning. You are gone  
8 by then. I think the two speak for themselves.

9 MR. STEIN: Perhaps I will  
10 ask one last question, then. You made reference in  
11 the brief to your personal -- I think it was stated --  
12 your personal experiences led you to believe that  
13 marijuana could have adverse psychological effects  
14 upon the user. Is it not only from your experience  
15 as a Crown Prosecutor, but as your experience in  
16 living in a community like Sudbury -- do you have  
17 any feelings as to whether or not the individuals  
18 who are having personal difficulties, and who are  
19 also drug users are -- again it is a similar  
20 question to my first one -- a majority? Do you  
21 sense that these are the majority of persons who  
22 may be using these drugs or do you have any feeling  
23 at all about this?

24 It has been stated to us, you  
25 see, that yes, certainly there are people with  
26 problems, and some of them use drugs, and some of  
27 them, if they have very serious problems, may end up  
28 coming more regularly to the attention of law  
29 enforcement because of their difficulty in other  
30 areas. But certainly, the statement is made to us



1       that this is a small minority. The vast majority  
2       are never--never present themselves as a problem  
3       socially or in any other way. Do you have any  
4       sense of--

5                               MR. MEEHAN: A lot of it  
6       would be, Mr. Stein, feeling. I want to emphasize  
7       that. And my feeling, and once again, it depends  
8       on how broad you want to be, but obviously the lady  
9       who sits at home and takes tranquillizers all day  
10      because she can't go out on the street or something,  
11      I suppose is some sort of a drug user. My feeling  
12      would be, aside from the cases that I will call  
13      experimentation, that, yes, a large number of  
14      these people are disturbed, or maybe the word  
15      should be dislocated, if you follow what I mean.  
16      It is a very difficult thing to find the word for.

17                            The reason I put in the  
18      beginning of my brief that I also defend people  
19      as well as prosecute them, is that I am interested,  
20      if you like, in the reaction of the people as I see  
21      them, if you like, on both sides of the fence. And  
22      this is what has really drawn my attention to this  
23      in the prosecution field. Now there is another  
24      branch of this, that many young people, especially  
25      juveniles in this area, so I am informed, are treated  
26      by other branches without ever coming to the attention  
27      of the law enforcement officers, and you will note,  
28      I think, I don't know whether this is in the statis-  
29      tics, I think that in '69 and '70, and I can tell  
30      you in '68--'68 we had two, and '69 we had one,



1 and '70, I think we had one--yes we have had one,  
2 juvenile, which of course, is dealt with in  
3 Juvenile Court. Now I am aware that there is more  
4 juvenile use than this, but quite often it is handled  
5 on a sheerly medical basis, and I don't think, really,  
6 that the law enforcement officers, and I think  
7 quite properly so, make no attempt to try and  
8 create any sort of a police situation out of this.  
9 Now this is very general information because I  
10 bend over backwards not to require specific  
11 information about this, if you appreciate what I  
12 mean.

13 MR. CAMPBELL: In your  
14 brief, Mr. Meehan, you make use of the word  
15 psychotic to describe a large number of these  
16 users. Could you clarify the sense in which you  
17 are using the word psychotic?

18 MR. MEEHAN: Well, once  
19 again I am having difficulty grappling with words  
20 because it is an experience. But perhaps I can  
21 put it as simply as this: if you have someone  
22 you are defending on a criminal charge, and you  
23 are their defense counsel, you will receive from  
24 them one of two things, or one of three perhaps.  
25 One is the truth; one is not the truth, and the  
26 third is nothing. This is really all the choices  
27 you will receive as defense counsel. It has been  
28 my experience, both by observation and speaking  
29 to people who defend these, that quite often the  
30 defense counsel does not receive the truth. He





1 receives a deliberate untruth which these people  
2 continue to put forth. Now I am not talking in  
3 a legal basis. But I will give you one example  
4 out of the cases which may demonstrate what I mean:  
5 There was a young fellow a few years ago who was  
6 charged with possession of marijuana, a very few  
7 cigarettes, simple possession. This was before the  
8 amendment to the Act and everybody got probation  
9 then here. His defense counsel indicated that they  
10 would be pleading guilty, because after all he had  
11 it and that was it, and we went to Court, and his  
12 defense counsel came over to me and he said, "I can't  
13 do anything about it. He wants to plead not guilty."  
14 He said, "he wants to get in and tell his story". And  
15 I said, "well, too bad, but it is madness." And I was  
16 somewhat concerned about this, as you would be, because  
17 I was trying to figure out what the story would be.  
18 I led my evidence which was simply that the boy  
19 was apprehended and he had some marijuana cigarettes,  
20 and they were analyzed correctly, which is really  
21 all we are talking about. Everybody was somewhat  
22 baffled about this. The boy took the stand, and  
23 he started out to say, and his first words were  
24 that, yes, he had these marijuana cigarettes, and he  
25 had known they were marijuana cigarettes, and so on,  
26 but he wanted to emphasize that they were for his  
27 own personal use, and that is why he pleaded not  
28 guilty. Now this is in the face of long discussions  
29 with a very experienced defense counsel, some with  
30 me three or four feet away at the counsel table,



1       that I could more or less overhear, which, of course  
2       was nothing in that. Now, this is to just give you  
3       some idea of what could happen. Then he alleged some  
4       plot or something but, you know, did not have  
5       anything to do with the charge. And I had been  
6       informed that if I asked him two questions, that  
7       he would answer in a certain way. The two  
8       questions were this: One is "did you travel from  
9       Vancouver to Sudbury?" and the second question was,  
10      "How did you finance the trip?" I asked the first  
11      question, he said, "yes". And I asked the second  
12      question, and he said, "pushing pot", at which the  
13      provincial judge promptly flew into a rage and  
14      gave him three months in jail. And that year he  
15      was the only person to go to jail on that particular  
16      charge. Now that is perhaps a demonstration of  
17      what I am trying to give you. It is very difficult  
18      to do unless you are a member of the trade, if you  
19      follow what I mean.

20                               MR. CAMPBELL: The point I  
21      am making is that ordinarily, "psychotic" is used  
22      to refer to a person suffering from psychosis;  
23      schizophrenics, manics depressive, and so on. This  
24      is usually regarded as being the more severe level  
25      of mental illness and very frequently of a type  
26      that requires hospitalization

27                               MR. MEEHAN: Yes.

28                               MR. CAMPBELL: I was wondering  
29      when you spoke of many of these people as being  
30





1 psychotic, if they were referred by your office, or  
2 the Courts for psychiatric examination or if treat-  
3 ment was made available to them as psychotic  
4 individuals?

5 MR. MEEHAN: I have no  
6 authority whatsoever, to refer anyone for anything.  
7 The Court does on rare occasions. Then you start  
8 running into conflicts between Acts, of course.  
9 On occasion there has been mental examination done  
10 at the insistence of the Magistrate, and so on.  
11 Quite often, oddly enough, I don't know what results  
12 from this. All I know is that it is not used on  
13 sentence because I am not, of course, privy to that  
14 information, as to what result the examination had.  
15 One would assume that if there was a finding of,  
16 well, I hate to use a legal term rather than a  
17 medical term, but of a severe mental illness, if  
18 I could use that term, presumably it would be noted  
19 in time for sentence. But, I don't have that  
20 information. I think as you gentlemen are all  
21 aware, the probation for psychiatric treatment,  
22 either in the community generally or perhaps,  
23 even worse, in the institutional world the penal  
24 institutional world is almost nil. At least that  
25 is my understanding. Once again, I am not an expert  
26 in that field, but that is my understanding.

27 MR. CAMPBELL: Very well.

28 Could you expand on the basis  
29 for your judgment that cannabis, in particular,  
30 should remain prescribed by law? There is the



1 basis on your agrument--

2 MR. MEEHAN: I am sorry,  
3 I missed the first part.

4 MR. CAMPBELL: Sorry. I  
5 would like to expand, if you would, on the basis  
6 for your judgment that cannabis should remain  
7 prescribed by the law.

8 MR. MEEHAN: I've bent over  
9 backwards not to get into horror stories because  
10 I suppose that is one of the big failings of the  
11 "we should keep marijuana illegal" club. But there  
12 have been incidences that we have become aware of.  
13 Some of these have been testified to, under oath.  
14 Some of the most peculiar behaviour. One bunch  
15 of young lads in a small town around here--you  
16 will appreciate some of my difficulties here in  
17 giving information--were led into the use of  
18 this by some of the older people from out of town  
19 and it came to light when one of the boys came in  
20 after having smoked, and this I believe because of the  
21 time interval, a half a marijuana cigarette, when upon  
22 analysis, was really not all that great marijuana.  
23 He was fifteen years old and he came into his  
24 girl friend's home on a Sunday night with the  
25 whole family present and prepared to sit down at  
26 the kitchen table and missed the kitchen chair  
27 by a foot. Now this is one that I know of. This  
28 may be--this may well be an individual reaction.  
29 I notice some disgruntlement from the crowd which  
30 doesn't really bother me. But that is how that



1 particular thing came to light. Somebody then  
2 said, you know what is the trouble? We had another  
3 incident where the combined use of alcohol and  
4 marijuana on one of the C.P.R. trains led to  
5 the most peculiar disturbance of one kind where  
6 it took at least three people to handle someone  
7 who had probably drank too much and had had about  
8 one and a half marijuana cigarettes, as near as  
9 we could ascertain. Beyond that, it is my general  
10 understanding, and I don't pretend to be expert, that  
11 the best that can be said for the usage of  
12 marijuana is that it is a mild intoxicant, whatever  
13 that means. Secondly, we have had, I think, some  
14 experience to indicate that in a lot of ways they  
15 might be like Cameo cigarettes, where people may  
16 use more than one marijuana cigarette. I think  
17 there are people in this community who may even  
18 smoke them, I suppose, not as much as I smoke  
19 Cameo cigarettes, because it would be a terrible  
20 price to pay, but over an extended time period is  
21 perhaps the best way that I can put it. But once  
22 again, maybe this is why I find these people  
23 disoriented. Now, that is just in relation to the  
24 marijuana aspect.

25 MR. CAMPBELL: What I was  
26 perhaps trying to get at was, do you hope by  
27 this posture of the law to have a deterrence  
28 exercised on others or do you see the law being  
29 used here to penalize someone who is a significant  
30 threat to other people? I am basically asking you





1        what you hope to achieve by this posture of law.

2                                MR. MEEHAN: I will be  
3        frank enough to admit that I am not terribly  
4        happy with the inclusion of it under the Narcotic  
5        Act. I think it should be under the Food and Drug  
6        Act. This is, as I said, a personal opinion. One  
7        must be pretty careful not to make general  
8        statements about what a law will do. I think that  
9        it goes back to the old legal argument on  
10        sentencing which is really what you are talking  
11        about in a strange way, where you say, "well, this  
12        is the sort of a crime where somebody has got to  
13        get twenty years for because there is a deterrent  
14        effect," or, "this is the sort of a crime where you  
15        don't have to worry too much about a deterrent  
16        effect. The thing you have to worry about is  
17        the rehabilitation of the accused." This is a very  
18        difficult problem. Courts and judges and everyone  
19        are arguing about this all the time. I don't  
20        set myself up as an expert in what particular laws  
21        do, but I have yet to see a real serious advocacy  
22        of removing the speeding ban for instance, or  
23        the speed limit of 60 miles per hour because  
24        everybody goes 75. It is a very difficult thing.  
25        I think to related to that particular argument,  
26        many of you gentlemen, and I don't know how you  
27        got here, but if you drove I think you find on  
28        Highway 69 south, for instance, if you clock the  
29        average traffic, it would be 70 to 75, and yet  
30        if you are caught you are fined and pay a penalty, and



1       lose some strength in your licence under the  
2       demerit system.

3                               MR. STEIN: If you are  
4       going to use that analogy perhaps the problem with  
5       it is that driving is dangerous and yet it isn't  
6       prohibited although it kills people. It is  
7       regulated, and the issue, I think, and I would  
8       share Dean Campbell's interest in this, is to  
9       try and ascertain what you, as a citizen would  
10      like to see accomplished by the continued  
11      prohibition, not the regulation, because speeding  
12      laws are regulations of a dangerous activity.  
13      But what would you hope to see as the outcome of  
14      a continuation of a prohibition on the use and/or  
15      the distribution of the substance? I think it  
16      is important for us to know what it is the Canadian  
17      public -- those who support the continued  
18      prohibition of this substance, what it is they  
19      want to see accomplished by this kind of legal  
20      process.

21                           MR. MEEHAN: Well, I will  
22   that  
23      disagree with you about speeding, /it is a regulation  
24      of a dangerous activity. It is a prohibition of  
25      doing something which is more than 70 miles per hour,  
26      but we can argue semantics all day and this is  
27      exactly what I was trying to get at in relation  
28      to what laws might accomplish. But be that as  
29      it may, I would say this; that no matter what  
30      I have heard, and really, as I said, I am not  
      a scientist and really, you know, I am not all that





1 convinced of some scientific studies either pro  
2 or con, either, but I will say this; that I have  
3 never, ever really heard a great statement made  
4 for the benefits of the use of this particular  
5 thing. I have only heard the statement that it  
6 doesn't do any harm. But I have yet to hear  
7 anyone propound a logical argument to me, that  
8 it is beneficial. Now that is my first point.  
9 My second point is this: that I have a feeling  
10 that unless controlled, this particular substance  
11 might well become worse than the use of alcohol  
12 in our society. Now I don't care what anybody  
13 says, and I am not a member of the Canada Temperance  
14 Union, and probably in a given area, drink more  
15 than my share. But alcohol is one of the real  
16 blights on the community, and I think anyone  
17 involved in the Courts at any level, Family,  
18 Supreme, anywhere, appreciates the difficulties  
19 caused by alcohol. And yet we are all aware that  
20 the average normal person can use alcohol in  
21 moderate ways and has no great result on his life,  
22 except allegedly, a lessening of tension, if I can  
23 use that word. If you equate that with the use of  
24 marijuana, I foresee someone having to invent a  
25 marijuana breathalyzer. I foresee ten to twenty  
26 people standing in Court in the morning going --  
27 really, this is a sad comment on society.

28 THE CHAIRMAN: Standing  
29 in Court?

30 MR. MEEHAN: Standing in



1 Court in the morning as we see them now, just from  
2 the use of alcohol, they haven't done anything,  
3 and how many times were they here before? Four  
4 times last year, three times in the last three  
5 months. Ninety days. Really, these people get  
6 more time in jail under the Liquor Control Act  
7 than anybody gets, on the average, under either the  
8 Narcotics or the Food and Drug Act. And we haven't  
9 been able to solve that problem in any country  
10 that I am aware of. Now, I foresee if legalization,  
11 and I don't care, after all, in Ontario the govern-  
12 ment sells the stuff, and I haven't seen that  
13 brought any great improvement to things. In  
14 other places the government doesn't. The magic of  
15 the government dealing in this stuff escapes me,  
16 whether it be alcohol or marijuana. But that is  
17 a major social problem that in the 20th century  
18 all the King's horses and all the King's men  
19 haven't been able to solve, and yet we are all  
20 agreed that it is only a small percent of the  
21 people adversely effected. Now, presumably, at  
22 best, the same argument is applicable to marijuana  
23 and this, I think, is the main reason that I,  
24 personally, oppose its legalization.

25 MR. STEIN: Do you feel  
26 then that legalization is in some way a form  
27 of approval? This seems to be coming through.

28 MR. MEEHAN: Certainly  
29 it is.

30 MR. STEIN: You see, the



1 argument has been made to us that at the moment  
2 we really have no control. I state this as one  
3 of the positions that has been put forward to us,  
4 that we really have no control over this activity  
5 in that it is beyond our control as long as it is  
6 totally prohibited, that law enforcement can only  
7 touch the tiniest portion of the use and distribution  
8 of the substance, and, in effect, it is kind of an  
9 ostrich-like control, and again, I am stating the  
10 arguments, granted the limitations of control as  
11 seen via the alcohol analogy, that this would  
12 at least enhance the situation in terms of the  
13 purity of the substance. But more importantly,  
14 the concern as it was expressed again this morning  
15 about what happens to troubled parents and  
16 youngsters who are using the substance which is  
17 illegal, and which rightly or wrongly they feel  
18 apprehensive about going to seek help for, because  
19 they are uncertain as to whether they will be  
20 jeopardized themselves with some form of a  
21 criminal offence. In other words, there has been a  
22 real serious question raised with us, as to  
23 whether or not we are really effectively controlling  
24 and dealing with the phenomenon by prohibiting  
25 it.

26 MR. MEEHAN: Well, if I  
27 could give you an honest answer to that I would  
28 probably be running the world. I can't give you  
29 an answer to that. I can just say that presumably  
30 we are regulating the use of alcohol to the best





1 of our ability in an open way and we haven't been  
2 able to control that, really, in any way, shape  
3 or form. I call your attention to the fact,  
4 for instance, that there is still stills in the  
5 hills in Quebec and white lightening running  
6 back and forth and that nobody knows what the  
7 purity of that is.

8 MR. CAMPBELL: Not only  
9 Quebec.

10 MR. MEEHAN: Oh, no.

11 Once again I was commenting  
12 on local experience. You asked me a question that  
13 is a very difficult question to answer. However,  
14 I would suggest this to you: would there be less  
15 people smoking Cameo cigarettes now, if there had  
16 have been a law twenty years ago forbidding the  
17 use of tobacco? I don't know. But I am tempted  
18 to think there would be. I won't say it would  
19 be abolished, but I am tempted to think there would  
20 be less people smoking. Now why I can say that I  
21 don't know. That is sheerly personal.

22 THE CHAIRMAN: Well do  
23 you feel the present law against possession for  
24 use of these substances is an enforceable law  
25 as you would understand that term as Crown  
26 Prosecutor?

27 MR. MEEHAN: Oh yes, as  
28 a law, yes. The big failing in this country, I  
29 suppose and in all other countries, is that, you  
30 know, we don't have in a lot of ways, a lot of



1       ways, enough law enforcement officers. Now this  
2       is an unpopular view, but however, you will find  
3       that in a lot of police forces and I don't want  
4       to get myself into too much trouble saying this,  
5       but there may be more Chiefs than Indians, and  
6       really its the Indians that go wandering around  
7       enforcing the law. Most municipal forces are  
8       understaffed because of various disabilities we  
9       need not go into, in regard to municipal financing.  
10      I don't think this is unique here, or anywhere  
11      else. The R.C.M.P. is, of course a federal force,  
12      and I think it probably, as a result, loses a  
13      certain amount of strength. There is many reasons,  
14      the law, itself, in regard to possession, I don't  
15      think, is difficult to enforce as a law. It  
16      is the amount of people trying to enforce it-- if  
17      I could use that word.

18                   THE CHAIRMAN: Well is it  
19      possible to enforce it without a good deal of  
20      discrimination?

21                   MR. MEEHAN: Yes, as much  
22      as any law, I think. As we all know there is  
23      the popular cry, there is one law for the rich,  
24      and one law for the poor. That is partially true,  
25      and I admit it, because the rich very seldom go  
26      to Elm Street and kick in the jewellery store  
27      window and take ten watches. As I said it is much  
28      more likely they give a cheque to the same jewellery  
29      store which in the long run costs them more. I  
30      think this is probably the same sort of argument,





1 that many times people who are charged with simple  
2 possession here have come to the attention of the  
3 law enforcement officers from selling to someone  
4 else. Popular belief to the contrary, they are  
5 seldom charged with that. But that is how they  
6 come to attention, whereas I would image that  
7 if one were wealthy and was a user of some particular  
8 drug he would not come to the attention of the  
9 law enforcement people in that fashion. Now,  
10 once again, that may be beyond what I can really  
11 tell you. I think that is a relatively accurate  
12 statement. Also, perhaps people who are in more  
13 fortunate economic circumstances and their  
14 offspring may, through education or through certain  
15 other benefits, be more sophisticated, shall we  
16 say, in their treatment of the law enforcement  
17 officers. I don't know. You are asking, once  
18 again, a relatively difficult question to answer

19 THE CHAIRMAN: Yes.

20 There is a gentleman at  
21 the mircrophone.

22 THE PUBLIC: Yes, this  
23 reminds me of a couple of blind men struggling  
24 with each other, attempting to find the essence  
25 of the colour green. It seems to me there are  
26 two classes of people, that are completely exempt  
27 from any valid opinion on drugs. The first  
28 class of people is the people who take the drug  
29 and have a totally subjective experience on the  
30 drug and take the drug for what it is. The second



1 class of people is the people who have never  
2 taken the drug, and really don't know what they  
3 are talking about.

4 Now the prosecutor mentioned  
5 one word which sort of confused me and that is  
6 "intoxicating". I would like to know his definition  
7 of an intoxicating drug.

8 MR. MEEHAN: Well once  
9 again that was qualified by what I am told, don't  
10 forget that. I think it is pretty common usage,  
11 perhaps I turned it into intoxication, perhaps  
12 I should have used "high", I don't know. From  
13 what I can gather, from what I read, and from  
14 what people tell me, there is a certain removal,  
15 there is a certain freedom which is obviously  
16 only mental, involved in your perception when you  
17 use this drug. Now once again, I am having  
18 difficulty translating words. I use the word  
19 intoxication not in the common legal term, but  
20 at that basis one has heard of one being intoxicated  
21 by the beauty of a northern lake. Once again,  
22 I am having trouble with those words.

23 DR. LEHMANN: May I just  
24 say that from the scientific point of view, it is  
25 classified as an intoxicant, there is no doubt  
26 about it.

27 THE PUBLIC: Thank you.  
28 You also said something to the effect, that you  
29 have never, ever heard any valid statement for  
30 the use of drugs except that it is not harmful.



1 Well, I guess that would be because you have  
2 never done any extensive research into it. I  
3 can name three books right now, one book was  
4 by (William Braydon), it is about a five hundred  
5 page book, very extensive, mentions LSD about  
6 twenty-five times, talks about modern psychology  
7 and so on and so on, also there is--not Brave  
8 New Worlds, but Heaven and Hell by Aldous Huxley  
9 and it is about mystical experiences which  
10 is also a very, very valid work and there are  
11 several others. I think if you are really concerned  
12 as to a valid statement in support of drugs,  
13 there are many statements. They delve into mind  
14 expansion; you laugh probably. You are laughing  
15 right now. We are living in a technological  
16 society where at all costs, get ahead, some mind  
17 expansion to you or perhaps the majority of  
18 society seems like a farce because it has no  
19 practical use. Somebody comes up to you and says,  
20 who am I, you laugh at that also because it is a  
21 very stupid statement, of course, here I am, I am  
22 5'7". I could go on but I guess there is no  
23 validity in going on. For instance, in 1845,  
24 hashish was first introduced to the States. A  
25 group of specialists tried it, they couldn't  
26 relate their experiences because they did not have  
27 the vocabulary. Several years later, from the  
28 east came eastern metaphysics and vocabulary  
29 to correlate the experience, and what they found is  
30 that the experiences in general were possessed





1 of similar characteristics. Now if you want to go  
2 on and get into doctrines of the elements and so on,  
3 what is inside, and what is outside, this can be  
4 discovered on a drug experience, on a hallucinogenic  
5 experience. Of course that is a laugh.

6 MR. MEEHAN: Well, if that  
7 is a question -- lets put it this way, you know  
8 I am not laughing that hard. But it may not effect  
9 you and you may have the subjective view that  
10 your mind is expanded or whatever, and you know,  
11 you may come down. And you started into the acid,  
12 and I bent over backwards to stay out of the acid,  
13 but I will get right into that -- you may be one  
14 of those fortunate individuals that acid does not  
15 effect. But we had a young boy 15 in this town, who  
16 was on acid and flew in front of a yellow transport  
17 van in Huntsville, and I can document that if you  
18 like, saying, "I am a bird, I am a bird". Now, I don't  
19 know whether with him it was mind expansion at that  
20 time, but at that particular time he was obviously  
21 in a state which he should not have been in. Now,  
22 once again, I don't want to quarrel with you on your  
23 subjective view, and I am not going to quarrel with  
24 Mr. Huxley, or anybody else, and there may well be  
25 a place for LSD and every other drug in the  
26 pharmacology of North America or the world under  
27 controlled situations, for experimentation by  
28 people who know what they are doing. But I refuse  
29 to believe that people can walk through this world  
30 with purple pills, and they don't even know what is



1 in them, stomping them up and coming down and saying,  
2 "I had a wonderful trip". Because lots of people  
3 don't have wonderful trips, and you know that just  
4 as well as I do. Now don't you?

5 THE PUBLIC: Of course,  
6 the reason why I mention my subjective experiences,  
7 because on the yellow sheet I was given it says,  
8 "Philosophy or morality concerning drugs today".  
9 I think drugs in the major part is a big philosophical  
10 question too. Now as I mentioned earlier this  
11 morning, that drugs in themselves are not a problem.  
12 There is nothing in this whole universe that is  
13 a problem except that man makes this problem. Man  
14 could either abuse it or use it for good. I think  
15 that in our society drugs are being abused, yes.  
16 But not the drugs themselves, drugs are not the  
17 problem. I think, first of all, you must use the  
18 mentality and the values of your so-called, let us  
19 say, "youth" and so on. I think first of all we must  
20 change our own values. I don't think people --  
21 people will not get anywhere here by supressing the  
22 drug itself.

23 THE CHAIRMAN: Thank you.  
24 There is a gentleman at the microphone.

25 DR. LEHMANN: May I ask ---

26 THE CHAIRMAN: Dr. Lehmann,  
27 I believe I should just make the suggestion. Mr.  
28 Meehan has a case in Court and we would like to detain  
29 you but thank you very much for your assistance.

30 MR. MEEHAN: Thank you.





1 I was very interested in the dialogue, and it is  
2 indeed unfortunate that this has happened. The  
3 case should have been finished by noon, but no  
4 matter how good the system is, or the regulation is,  
5 you know, people still operate it, and unfortunately  
6 in this case a factor entered that I did not get  
7 tried, and it may be some of the difficulty that  
8 you gentlemen will find in trying to equate a  
9 written law, with a large population of different  
10 individuals and I wish you well. I appreciate your  
11 problem.

12 THE CHAIRMAN: Thank you  
13 very much.

14 THE PUBLIC: My question  
15 was going to be directed to Mr. Meehan.

16 MR. MEEHAN: I will stay  
17 for that.

18 THE PUBLIC: You say that  
19 you don't advocate temperance. How come?

20 MR. MEEHAN: No, I didn't  
21 say that. I said I wasn't a member of the Canada  
22 Temperance Union.

23 THE PUBLIC: Why aren't you?

24 MR. MEEHAN: Well because  
25 I think that you will find if you examine the  
26 Temperance Union, the name has been changed now --  
27 I forget to what it was changed, but if you examined  
28 the basic philosophy of what we knew as the Canada  
29 Temperance Union, it wasn't temperance, it was  
30 abolishment.



1 THE PUBLIC: That is what  
2 you want for drugs, isn't it?

3 MR. MEEHAN: No, it isn't.  
4 You see I can't abolish alcohol. It is already  
5 here.

6 THE PUBLIC: You can't  
7 abolish drugs they are already here.

8 MR. MEEHAN: Well let me  
9 finish. It is used unfortunately, or fortunately,  
10 I don't know, probably unfortunately, by a large  
11 percentage of the people in our country. No one  
12 has yet been able to give me statistics that would  
13 satisfy me, that drugs such as the ones we are  
14 discussing today, and I exempt prescription drugs,  
15 because there should be some control of prescription  
16 drugs, is being used by a large majority of the  
17 people in our country. And I have yet to see that  
18 statistic and I don't think you would even propose  
19 that. It may be being used by varying percentages  
20 of a certain population within a large population.

21 THE PUBLIC: Exactly. The  
22 youth. Why should they be repressed by the rest  
23 of society?

24 MR. MEEHAN: Well, actually  
25 at the present time, I think you are not so much  
26 repressing the youth; you are trying to repress  
27 the use of the drug. You don't look that repressed  
28 to me. You are standing here; you are talking;  
29 you have your badge. There is nobody in blackjack  
30 boots walking behind you, or anything. Nobody



1 is repressing you.

2 THE PUBLIC: There might be.  
3 There just might be.

4 MR. MEEHAN: Well you know,  
5 you are not being repressed any more than I am,  
6 when I drive Highway 17 at 75 miles per hour. I  
7 may get pinched. I don't consider that is repression.

8 THE PUBLIC: I do. If I  
9 am stopped of Elm Street, I say that is repression  
10 if I am not bothering anybody, because first of all  
11 I don't have long hair right now. If I had long  
12 hair and a beard I might get stopped on Elm Street.  
13 Isn't that repression?

14 MR. MEEHAN: You might.  
15 But all sorts of people get stopped. And I will  
16 agree with you that if I go down the street in  
17 my Buick Electra, it is unlikely that the police  
18 are going to come and drag me out of the car. I  
19 mean that is an unfortunate example, you know? But  
20 I will tell you something, when I go hunting for  
21 two weeks, every fall, and grow a beard and clomp  
22 around, I have been stopped by the police three or  
23 four times, and it is not a very long beard and with  
24 horn rimmed glasses you don't look like a hippy.  
25 And I don't look like a hippy even during hunting  
26 season, because I have got horned rimmed glasses,  
27 but I have been stopped by the police because I  
28 am in a different area, and it is the nature of  
29 the beast to look upon people who are a little bit  
30 different than other people in the large group of





1 society as possibly suspicious characters. Don't  
2 expect me to answer for that. That is just the way  
3 it is.

4 THE PUBLIC: Fine, but lets  
5 get back to the original thing. What I don't see  
6 is you have a hypocritical attitude towards alcohol  
7 and marijuana. Alcohol definitely does have a  
8 medical link. It is there. Sclerosis of the liver.  
9 And you are saying there are fifteen or twenty  
10 people every morning in Magistrate's Court, and  
11 for marijuana you are saying,"well, if marijuana  
12 is legalized there might be fifteen or twenty  
13 people in Magistrate's Court".

14 MR. MEEHAN: Certainly,  
15 because I am very careful with the choice of my  
16 words. Because I can't tell you there will be  
17 fifteen or twenty people. There may be fifty or  
18 there may only be five.

19 THE PUBLIC: Exactly, but  
20 there is for alcohol. There is fifteen or twenty  
21 every morning.

22 MR. MEEHAN: At the present  
23 time, there is, yes.

24 THE PUBLIC: Yes, but for  
25 marijuana you can't say that.

26 MR. MEEHAN: No, my mind  
27 has not expanded sufficiently to look into my  
28 crystal ball and predict these things. That is  
29 why I am so careful with my word, and it is only  
30 an opinion. That is all.



1 THE PUBLIC: Well, fine  
2 I am stating my opinion. Okay, thank you.

3 THE CHAIRMAN: Thank you.

4 MR. MEEHAN: Thank you very  
5 much, gentlemen.

6 THE CHAIRMAN: I call now  
7 on Dr. Raphael Mechoulam, Professor of Chemistry  
8 at the School of Pharmacy, Hebrew University of  
9 Jerusalem, who is here today with us. Dr. Mechoulam  
10 is an internationally recognized scientist in the  
11 field of non-medical drug use.

12 Dr. Mechoulam?

13 DR. MECHOULAM: Thank you,  
14 Mr. Chairman, for inviting me here. I have not  
15 prepared a written brief as I really didn't know  
16 what kind of hearing this is, but of course, I  
17 will be glad after a few words I will say, to have  
18 any questions answered, you may have, to the best of  
19 my ability. As a matter of fact, I will restrict  
20 my words to cannabis only, and any special knowledge  
21 I may have is really in this field, and therefore  
22 I won't venture into anything else. Perhaps in a  
23 couple of minutes I will try to explain or to state  
24 what we know about cannabis chemistry, in a couple  
25 of minutes, and then perhaps I will answer some  
26 questions.

27 You see, about six or  
28 seven years ago when we started our work in the  
29 field of cannabis chemistry, we were very surprised  
30 to find out that really very little was known.





1 As a matter of fact, the active component never  
2 being isolated in pure form, never being synthesized;  
3 the structure was unknown. So work was quite  
4 difficult. But there are certain general laws  
5 in scientific research and in pharmaceutical  
6 research especially which have to be followed.  
7 It is quite impossible to do anything without  
8 following these rules, and this is that clinical  
9 work, Professor Lehmann will undoubtedly agree with  
10 me, can be done only if there is a good pharmacological  
11 basis. Otherwise clinical research cannot be under-  
12 taken, and good pharmacological work cannot be  
13 done until there is a certain chemical basis, or  
14 a very strong chemical basis, as a matter of fact.  
15 Because a pharmacologist will not normally undertake  
16 basic research, detailed basic research if he has  
17 to work with mixtures of compounds or mixtures or  
18 extracts of unknown--without knowing what it  
19 contains and his results will not be reproducible  
20 and therefore, unpublishable. And this is what  
21 has happened with marijuana, or all cannabis  
22 preparations, in general. As the chemical basis  
23 was unknown until the last few years, most pharmaco-  
24 logical work was not as good, or as wide as it should  
25 have been. And of course, the clinical work was  
26 on a rather poor level, if existing at all. So  
27 this is probably the reason we went into the  
28 chemistry, trying to form the basis, and today what  
29 we know is that the active constituent of all  
30 cannabis preparations is essentially one. It is



a compound made up of one tetrahydrocannabinol. There is sometimes an additional isomer, but it is present in very minor amounts and therefore, it is essentially irrelevant and there may be another active compound but it is also present in minor amounts, so it is irrelevant. This active compound, the structure is known and it has been synthesized; it is available. As a matter of fact it is quite readily available and therefore, I believe that now, cannabis research can be done quite efficiently because of the availability of the active compound. And therefore, the research that will be done, and it is being done in quite a few places, is reproducible and therefore, hopefully, it will be good. All the rest of the compounds that are in there, and there are about twenty additional compounds of the same chemical class, and they are called cannibinoids, are essentially inactive, as far as cannabis type effects are concerned and there may be other activities and much additional work has to be done in this field. But as far as psycholcymnactics are concerned, they are inactive. They do not contribute anything to the activity of tetrahydrocannabinol. This we have checked in monkeys. We have given the additional non-active compounds which have been synthesized and prepared and so on, we have given synthetic mixtures of compounds and we have tried to extract the cannabis, versus the pure compound, and in no case have we observed any difference in



1 activity. Therefore, at least as far as I can see  
2 it, one can undertake research with the pure  
3 compound and this is to a certain extent very  
4 welcome to the pharmacologists and clinicians.

5 I am sorry, Mr. Johnson,  
6 who spoke this morning mentioned that very much is  
7 known. I think he said something was like 800 papers.  
8 As a matter of fact there was a bibliography which  
9 mentions 2,000 papers on cannabis, but if one  
10 goes more or less over it, it is not surprising,  
11 really, to find that most of them are irrelevant.  
12 A large part of them are a rehash of things that  
13 were known or expected and the rest of them deal  
14 with material which is irrelevant to the pharmacolo-  
15 gical or clinical effects of tetrahydrocannabinol  
16 or marijuana. I mean they would not be accepted  
17 by any serious scientist working in the field as  
18 the final word one way or the other. And I would  
19 think that about 90% of them are just papers  
20 claiming that cannabis is a very bad thing, just  
21 said in very simple words, but in most cases there  
22 is no proof one way or the other.

23 Now, if I may go to a  
24 slightly different thing. In pharmaceutical  
25 companies whenever a compound, whenever a large  
26 group of compounds are synthesized, they undergo  
27 for two or three or four and sometimes ten years,  
28 very extensive work, research. Those compounds which  
29 are very toxic are being thrown away immediately,  
30 but in most cases those compounds which have some





1 kind of activity, testing is continued for a long  
2 time and out of a few thousand compounds only one  
3 usually gets into the clinic or into actual  
4 clinical work, because as research is going on,  
5 additional side effects are found which prevent  
6 this compound from entering into the clinic, and  
7 even then, we know that there isn't a single  
8 compound today, single drug, I mean, medical drug,  
9 single drug which doesn't have some kind of side  
10 effect. And compounds which are being used today,  
11 almost all of them have side effects, but they  
12 are used because we don't have anything better,  
13 or the side effects are not so strong. Now  
14 in the case of cannabis, THC has not been investi-  
15 gated so thoroughly. We frankly, don't know  
16 whether the THC has any major side effects, which  
17 does not appear in everybody. If it appears in  
18 everybody it would probably be found until now,  
19 but it may appear as most drugs do, in 5 or 10%  
20 of the people who consume it under special  
21 conditions and so on. The worse case of course,  
22 as you know is thalidomide. It is a very good  
23 drug, except in very special cases. But these  
24 very special cases, are so, the results are so  
25 terrible, that, of course, it had to be immediately  
26 withdrawn when it was known. Now I don't know  
27 whether THC has teratogenic effects, such as  
28 thalidomide, but effects of this kind, have  
29 been found in rats teratogenic effects are  
30 known to appear after -- in one experiment at least,



1 a well done experiment as far as one can judge,  
2 and, well, this has to be repeated and so on.  
3 But I hope that now quite a bit of research of  
4 this specific, very special kind, will be done  
5 in order to establish the different aspects of  
6 the problem.

7 And just before ending  
8 my remarks, I would like to add a warning concerning  
9 laws on marijuana. Today, I understand that  
10 marijuana, is readily available in the United  
11 States, and I assume in Canada. Anyone who wants  
12 to smoke it, I assume he will be able to get  
13 some marijuana at not too high a price. Now,  
14 if the police or government sources, succeed  
15 in stopping marijuana traffic, which I, again,  
16 understand is not really a major thing with  
17 criminal elements today, at least. It is quite  
18 possible that criminal groups will try to synthesize  
19 tetrahydrocannabinol, THC, because the price  
20 may become quite cheap. I mean THC for  
21 illegal traffic, which it doesn't have to be pure,  
22 and therefore it may be relatively cheap, then  
23 this is a distinct danger. Up until now, I am  
24 not aware that THC has been used in illicit traffic.  
25 I believe that it has not been used, but again if  
26 the price of marijuana is very high, then it may  
27 become a problem. A way to solve this, which I  
28 am not sure it is possible, will be to stop  
29 international marketing of alkyl resorcinols.  
30 These are compounds, without which it is impossible





1 to synthesize THC, and some of them are available  
2 in Switzerland or the U.S. and it may be possible  
3 to stop. I mean they are quite difficult to  
4 synthesize, and mostly legitimate firms are  
5 synthesizing and this will not be a very difficult  
6 proposition. And to end, I think before any  
7 major decision can be made, I would very strongly  
8 recommend, if possible, to continue research on  
9 the pharmacological and clinical effects, and  
10 perhaps metabolism of tetrahydrocannabinol  
11 because recent work, in addition to everything  
12 I have said, recent work has shown that in the  
13 body, tetrahydrocannabinol is converted into a  
14 compound which is the active one, and maybe this  
15 is the reason why, until now, we have been unable  
16 to do any work with tetrahydrocannabinol, and  
17 isolate it from systems outside the body, because  
18 tetrahydrocannabinol is not entirely active. It  
19 is a metabolatative tetrahydrocannabinol that  
20 really acts, and the technical details of this  
21 are available in our review which I have given  
22 to Dr. Farmilo, and I suppose if you are interested  
23 he will be able to make a photocopy of it.

24 Thank you.

25 THE CHAIRMAN: Thank you  
26 very much, Dr. Mechoulam.

27 Do you feel that research  
28 using the active constituent, THC, will yield  
29 results that are relevant for the kind of usage  
30 that one might expect under conditions of relatively



1 free availability of cannabis in both the form that  
2 is smoked and the form that is ingested? In other  
3 words, is the use of this synthesized element  
4 really relevant to the conditions we would encounter  
5 for free availability?

6 DR. MECHOULAM: I feel the  
7 problem is relative. First of all, quite a large  
8 segment of the people who are using marijuana claim  
9 that marijuana is innocuous. This was of course  
10 the case with LSD. Now, with LSD people have  
11 claimed, and this claim has never been substantiated,  
12 for or against, really, that it has some kind of  
13 genetic effects, but the fact that it may have has  
14 caused a sharp drop in LSD consumption because  
15 people normally would not like to have genetic  
16 effects. Now the same problem is with marijuana. We  
17 have to inform the users, whether we have found  
18 anything, or we haven't found anything. Well, of  
19 course, if nothing major is found, then this will have  
20 certain relevance to the laws which you may like--I  
21 mean countries may like to have on their books. Or if  
22 something really major is found, let's say that  
23 teratogenic effects are substantiated, then one has  
24 really to know what he is working with. Today in  
25 present society I believe that the laws have to be  
26 based on facts, and just not on beliefs. I mean this  
27 is something we have to know before we do it.

28 DR. LEHMANN: There has been,  
29 I understand, there has been no damage on chromosomes  
30 demonstrated with THC, or cannabis so far, has there?



1 DR. MECHOULAM: I would put  
2 that as "so far", because I understand that very little  
3 has been done really, and I don't/<sup>know</sup>whether there is  
4 or isn't, but as far as I know it has not been  
5 demonstrated, but on the other hand it has also  
6 not been investigated thoroughly.

7 DR. LEHMANN: You mentioned  
8 that there may be other substances, but they are  
9 almost irrelevant active substances, because they  
10 are in such small amounts and that experiments on  
11 monkeys indicated that the active ingredient is  
12 indeed the Delta 1, THC. Now have any experiments  
13 been performed, similar experiments on primates,  
14 apes, or on humans? For instance, (Isobel,) who  
15 worked in Lexington with THC, did he also work with  
16 other components of cannabis to show that in humans  
17 it is inactive?

18 DR. MECHOULAM: There were  
19 quite a few inactive compounds which have been shown to  
20 be inactive in monkeys. At least a few have also  
21 been tested in humans and they have also been found  
22 inactive. The two minor active components, because  
23 there are about twenty components, some of which are  
24 not minor in the sense that there is quite a lot  
25 of them in marijuana, but they are not relevant  
26 because they have no activity. The two minor  
27 components which have been discovered, one of them  
28 is about five times less active, and it is really  
29 minor, so it does not really present any -- it is  
30 of no major importance, and the other compound which





1 is present in about 1% of the amount of Delta 1, THC,  
2 has the same activity as THC. As a matter of fact,  
3 it undergoes the same metabolism and it has exactly  
4 the same effect in monkeys, and it has more or less  
5 the same effect on humans.

6 DR. LEHMANN: And with  
7 regard to the metabolism, the metabolic state of  
8 THC, as you just told us, the active substance seems  
9 to be a metabolite of THC. Has that metabolite been  
10 produced as such, has any experiment been performed  
11 circumventing the metabolic root in the organism  
12 and given the metabolite directly?

13 DR. MECHOULAM: Well, I  
14 may have been misunderstood, THC in hashish, maybe  
15 it is not active in the body. We really don't  
16 know. I mean this is an assumption which has been  
17 made today. Now to come back to your question, this  
18 metabolite which is an oxidation product of THC is  
19 active at the same dose level as THC in monkeys,  
20 and in certain species. It has not been tested  
21 in humans for the simple reason that it is only  
22 available in small amounts, either through a  
23 metabolic synthesis, I mean passing into the body  
24 of a rat or some other animal. It has been synthe-  
25 sized now, but it is available in very, very, small  
26 amounts. In monkeys it is as active as THC.

27 DR. LEHMANN: What is the  
28 average dose of Delta 1, THC in the average "good"  
29 cigarette, marijuana cigarette?

30 DR. MECHOULAM: Well, when



1 we tested THC, it -- we found three to five milli-  
2 grams gave an effect which is comparable to a high  
3 effect in smoking.

4 DR. LEHMANN: Of one  
5 cigarette or several cigarettes?

6 DR. MECOULAM: (Isobel)  
7 found that the active dose in smoking is about  
8 50 gama per kilogram body weight, so for man, let's  
9 say, 50 kilograms, it is about two and a half  
10 millograms and smoking which is relatively a high  
11 amount. I would think it is even less than that.  
12 Now this is of interest because on smoking at  
13 least 50% and some people say 90% of the THC is  
14 destroyed, so if you assume that the active dose  
15 in smoking is 10% of what is in the cigarette, so  
16 we come down to very low doses, and we are, as a matter  
17 of fact, not very far away from LSD.

18 DR. LEHMANN: It would mean  
19 then, that if you give it by mouth, THC, you would  
20 have to give about 10 times as much?

21 DR. MECOULAM: There is  
22 a difference, yes. This is something surprising.  
23 On eating, one has to get a much higher dose I don't  
24 know why, maybe part of it is destroyed in the liver  
25 or some other way. But by mouth, one has to get a  
26 higher dose of THC. This has been known for cannabis  
27 preparation in general, and the effects come much  
28 later, but of course, there are pharmacological  
29 explanations for that.

30 DR. LEHMANN: And they are





1 more lasting too.

2 DR. MECHOULAM: They are  
3 more lasting too, that is right.

4 THE CHAIRMAN: This analysis  
5 that you have both been engaging in, is that the  
6 basis of my question, namely, what assurance are  
7 we going to be able to have about the results of  
8 research done with a standardized active element,  
9 Delta 1 THC, when the social phenomena we are dealing  
10 with involves smoking and injection and these  
11 questions which you just referred to, I mean  
12 uncertainties about the percentage of active element  
13 that is destroyed, the differences when one -- when  
14 it is injected. So in other words, this research has  
15 to be directed to yielding results that will have  
16 relevance for public policy purposes.

17 DR. MECHOULAM: This point  
18 of relevance is very important, but I think it is  
19 as relevant as any kind of research, and of course,  
20 much more accurate than working with pure marijuana,  
21 because on smoking a marijuana cigarette, we also  
22 do not know exactly how much THC has been destroyed.  
23 It depends on the type of smoking, let us say, and  
24 so on. Most people, at least in the U.S. and Canada  
25 smoke and do not eat marijuana, so it is a question  
26 of just, indeed, smoking. In the East some people  
27 eat it. In North Africa, there are quite a few  
28 preparations that people eat that, and in the Middle  
29 East they mostly smoke it, but in the U.S., I  
30 understand it is essentially smoking. Now, one can't



1 analyze precisely the content of a marijuana  
2 cigarette, how many marijuana cigarettes and exactly  
3 what is the amount of THC there. The problem which  
4 I am trying to present here, is that cannabis  
5 preparations are variable. One sometimes finds  
6  $\frac{1}{2}\%$  of THC, sometimes finds  $1\frac{1}{2}\%$  of THC, or either  
7 marijuana has been around too long, or hashish for  
8 that effect, it might be much, much less. Hashish  
9 is even more variable. We have found samples that  
10 contain about 8% of THC, and others which contain  
11 less than 1%. So doing any research with a mixture  
12 of that kind is really not relevant. In your problem,  
13 is it relevant? I think working with marijuana,  
14 it is quite irrelevant because it is not reproducible  
15 and therefore, ---

16 THE CHAIRMAN: Yes, I  
17 understand that from the scientific point of view,  
18 I understand the importance, and indeed the necessity  
19 of a standardized substance, which can be reproduced,  
20 but what concerns me, is what is going to be the  
21 credibility -- I don't want to use the word relevance  
22 again -- but the importance which can be attached  
23 to the results from this scientific procedure, if  
24 in fact it can be said, well, that does not necessarily  
25 follow that these are the doses that will be  
26 encountered in actual experience. Any substance  
27 taken to a certain level is going to be dangerous.  
28 We have been repeatedly told that, and you can  
29 produce adverse effects with any substance taken in  
30 great dose. So it is this, the results using Delta 1





1 THC, and the actual effects of dosages encountered  
2 in smoking or injecting as you say, a wide variety  
3 of substances. It is this gap that is of concern.

4 DR. MECHOULAM: Well, there  
5 isn't a relevance in either using marijuana, and  
6 I believe much less in using THC. One can analysis  
7 a large amount of THC from marijuana cigarettes and  
8 decide what is the amount used today. Let's say  
9 most smokers today use marijuana cigarettes which  
10 contain in the marijuana itself between 0.3% THC  
11 up to 1, 1½% THC. So what one has to do, one can do  
12 precise studies, injecting into the cigarette  
13 amounts of THC into different doses, let's say, and  
14 in this way have no gap and no irrelevance because  
15 otherwise we have, for example, been waiting for the  
16 last 25 or 30, or 40 years for any research to be  
17 done and because of this problem of not knowing  
18 what to do, nothing has been done. So we either  
19 will probably be doing nothing if we have to do it  
20 with crude marijuana.

21 THE CHAIRMAN: What is the  
22 outlook, Doctor, for the discovery of a technique  
23 for detecting the presence of cannabis or THC in  
24 the blood or body fluids? What is the scientific  
25 outlook for that in your judgment?

26 DR. MECHOULAM: I think that  
27 in a year or at the most two years, there will be  
28 a test.

29 DR. LEHMANN: Will it ever  
30 be as simple as a breathalyzer or as practical?





1 DR. MECHOULAM: Not as  
2 simple, but probably it will involve taking a little  
3 bit of blood and analyzing the blood. You see  
4 the problem until now was that THC disappeared from  
5 blood or from any human fluids within half an hour,  
6 twenty minutes, essentially. This has been done by  
7 radioactive studies. So obviously one can not  
8 detect something that has disappeared. But now  
9 that the metabolism is known, one can look for the  
10 metabolic products, and I am under the impression  
11 that work is being done in England, and a few other  
12 places, and the groups that are working, are very  
13 serious groups with lots of experience, and knowing  
14 the metabolism it shouldn't take very long.

15 DR. LEHMANN: Would it be  
16 possible to deal with saliva, or would it have to  
17 be blood?

18 DR. MECHOULAM: I don't know,  
19 really.

20 MR. CAMPBELL: The early  
21 reports, when you first synthesized Delta 1 THC,  
22 I remember that in effect this was first of all, a very  
23 costly procedure, and secondly that the substance  
24 was not stable. Is it not possible to synthesize  
25 a stable Delta 1?

26 DR. MECHOULAM: The problem  
27 of stability has been solved in the sense that we  
28 know exactly what has to be done, and what doesn't  
29 have to be done in order to keep a compound stable,  
30 and it is not less stable than a multitude of



1 important biologically active compounds, some of  
2 which are being used extensively for research or  
3 for therapy; so today the stability does not  
4 present a problem. The price of the synthetic  
5 product is also not a problem. As long as it is in  
6 experimental quantities, it would be somewhat more  
7 expensive. But I understand the U.S. are preparing  
8 it now in kilogram lots for experimental purposes  
9 essentially for long range toxicology research.

10 MR. CAMPBELL: If it were  
11 to be mass produced could you make any estimate  
12 of the cost of the standard does?

13 DR. MECHOULAM: I would think  
14 it would come out to a dollar or less; I think, much  
15 less than that.

16 MR. CAMPBELL: Has it been  
17 produced in a form that it could, for instance,  
18 be introduced into an ordinary tobacco cigarette?

19 DR. MECHOULAM: Well THC  
20 is an oily substance with a consistency of honey  
21 let's say, or even more--but it can be dissolved  
22 in about any solvent except water, so it can be  
23 introduced in any solvent, if dissolved very well  
24 in any other solvents that can be introduced in  
25 a solution and the amounts are very low, of course,  
26 it would be--you can introduce this with a very  
27 small amount of solvent and, if properly, the solvent  
28 will evaporate within minutes, say eaten or anything  
29 else.

30 MR. CAMPBELL: I am sorry





1 I am not sure that I follow that last point; it  
2 will evaporate?

3 DR. MECHOULAM: The solvent  
4 will evaporate; the compound will remain but the  
5 solvent will evaporate.

6 THE PUBLIC: Yes. I have  
7 a question, a comment. Did I understand you  
8 correctly that THC as resolved in research to date  
9 has been isolated as the sole active ingredient  
10 or marijuana?

11 DR. MECHOULAM: For all  
12 practical purposes, yes. From a purely scientific  
13 point of view there are two additional compounds  
14 actively found there, but they are in very small  
15 amounts.

16 THE PUBLIC: I am not doing  
17 this to be unkind, but as a point of information.  
18 I have here a study, a report of a study by Dr. Norman  
19 Zinberg and Andrew Wilde, which is reprinted in  
20 the winter '69 edition of Addictions and they  
21 seem to make the opposite statement. They say,  
22 "Recently a chemical called THC has been isolated  
23 from marijuana and synthesized. To date it has not  
24 been established that this chemical is the sole  
25 ingredient of cannabis, though it has been so  
26 advertised in scientific literature". But they go on  
27 to say, that, "it would seem that the marijuana  
28 researcher must steer a middle course between the  
29 desire scientific accuracy and his obligations to make  
30 his finding known beyond his laboratory". Now, would



1 your conclusion have been reached since this report  
2 was--

3 DR. MECHOULAM: This report  
4 was published at the end of 1968 in Science. Since  
5 then more work has been done and this is my conclusion,  
6 that we can perfectly reproduce everything that is  
7 observed from a hallucinogenic point of view in  
8 humans, in monkeys or any other animal with THC. Now  
9 this is the point that we discussed--I discussed with  
10 the Chairman as to the relevance of THC versus  
11 marijuana research. It is my firm opinion that if we  
12 want any progress in research we have to work with  
13 THC and I believe that it is absolutely relevant and  
14 it fills all the requirements.

15 THE PUBLIC: Yes. I would  
16 think that is probably true. I wonder, would these  
17 two people have changed their minds somewhat on  
18 this statement that they made?

19 DR. MECHOULAM: I don't know.  
20 They haven't published anything with THC. There  
21 are two other papers by Dr. Wilde that have been  
22 published with marijuana, but that is all.

23 THE PUBLIC: I would take  
24 it then, this is a matter of some slight disagreement  
25 as to whether the sole active ingredient has been  
26 isolated? It is still a matter of a bit of judgment?

27 DR. MECHOULAM: Well, not  
28 to me, but this is a matter of opinion.

29 THE PUBLIC: Yes, but that  
30 is what happens in scientific circles.





1 DR. LEHMANN: Dr. Mechoulam,  
2 am I right in the understanding that you said there  
3 are two other active principals although they are  
4 in such small amounts that they are for all practical  
5 purposes, at the present time should be disregarded  
6 because scientific experiments or clinical practical  
7 experiments so far, have not shown that they are of  
8 any. You didn't rule out the possibility that  
9 eventually something might be discovered.

10 DR. MECHOULAM: We have  
11 tried very hard, and others have tried very hard  
12 to eliminate this possibility. We have analyzed  
13 fractions and disregarded fractions which have no  
14 activity in monkeys and so on and we have found  
15 nothing which is present there in large amounts.  
16 Now, there is a possibility--after all we are  
17 testing in monkeys and it is impossible to test  
18 unknown quantities in humans. It is understood that  
19 monkeys are similar in this respect to humans. If  
20 there is a difference, then maybe there is something  
21 else there, but I doubt if one can find that, and  
22 we have been looking for this for quite some years,  
23 and I doubt if there is anything.

24 DR. LEHMANN: Then Wilde's  
25 statements, while he has not performed any experiments  
26 on THC and isn't a chemist, were simply based on a  
27 general opinion that there might be because it hasn't  
28 been proven that there couldn't be. In other words,  
29 it is quite a theoretical statement.

30 DR. MECHOULAM: It is a





1       theoretical statement. You see, in proving a  
2       negative point there is a very difficult thing.

3                     DR. LEHMANN:   Indeed.

4                     DR. MECHOULAM:   A positive  
5       point is very much easier to prove. We have tried  
6       very hard and I would think at the present moment  
7       there isn't anything.

8                     MR. STEIN:   I can't help  
9       but observe that is the very argument that is made  
10      by a lot of people as to why the law on marijuana  
11      is not a valid law. Their argument is, there is  
12      no positive evidence regarding the effects, and  
13      therefore we shouldn't base our laws without having  
14      the facts.

15                    DR. MECHOULAM:   Well, I  
16      mean here there is a difference because with drugs,  
17      I mean, I pointed out in my statement before, with  
18      drugs you have to do a certain amount of tests,  
19      standard tests for teratogenic effects, pressure,  
20      blood pressure, and so on and so forth. These  
21      things have simply not been done and until then,  
22      will people be really fool hardy to say that the  
23      compounds have bad effects. If a compound like  
24      THC were given to a man, to a pharmacologist, he  
25      will not give any judgment until he has done all  
26      the, more or less, relevant tests, and this is being  
27      done now. Within I hope, one or two, three years  
28      we will have all the results. Until then, I mean  
29      we have to reserve judgment.

30                    THE CHAIRMAN:   Gentleman at



1 the microphone?

2 THE PUBLIC: Dr. Mechoulam,  
3 I was wondering, you have stated that you feel that  
4 THC is oxidized when it has been introduced into  
5 the body; is this correct? And this is what is the  
6 active ingredient actually?

7 DR. MECHOULAM: We know that  
8 the oxidized compound which is present in the body  
9 is the active ingredient -- is an active ingredient  
10 of the active ingredient. It has yet to be  
11 proved the way THC is, is not an active ingredient  
12 per se. Let's put it that way.

13 THE PUBLIC: I was wondering  
14 whether, when this compound is smoked as opposed to  
15 injected, whether this would produce any different  
16 effect on the body, because I have heard from  
17 people -- I am not sure how reliable this is -- they  
18 have said that they have injected THC, a synthesized  
19 form, and that its effects were much more like  
20 that of LSD, than of smoking marijuana or hashish.  
21 Now, I wondered whether this would have any bearing?  
22 Also I think those who inject marijuana or hashish  
23 have the same experience.

24 DR. MECHOULAM: There is  
25 a difference in activity between injecting and  
26 smoking hashish. Now, not a major difference, but  
27 there is a difference. Now the reason for that  
28 is unknown as far as I know, as far as the results  
29 I have read. I can't give you a definite answer  
30 to that, but you may recall this morning I asked you,





1       there is a general belief that THC--sorry, marijuana  
2       when smoked or eaten for the first time does not in  
3       many cases give any effect, it gives effects only  
4       after the second or third time and so on. Now,  
5       this active ingredient--active metabolite hypothesis  
6       may support this in the sense that the body needs  
7       an enzyme to convert THC into the oxidized THC and  
8       this enzyme is not present there, it is an enzyme  
9       which is formed after the body has got THC a few  
10      times and only then it knows how to form THC,  
11      oxidize THC, and that is the reason. But I mean  
12      this is a hypothesis which has yet to be proved.

13                     DR. LEHMANN: This enzyme  
14      has not been shown to exist, so far, experimentally.

15                     DR. MECHOULAM: This should  
16      be a simple enzyme, an oxidizing enzyme and it should  
17      be present and easy to form.

18                     THE CHAIRMAN: I believe  
19      we have unfortunately reached, I think, about the  
20      last moment that we can remain, because we have  
21      to go to Thunder Bay tomorrow and we have to catch  
22      a plane to get back to Toronto. It is roundabout  
23      route and it is the last plane out of Sudbury today,  
24      and I am told if we don't leave almost immediately  
25      we may not make the plane, and it is with much  
26      regret actually because I know we could continue  
27      this discussion with great profit for some time.  
28      I am very obliged to Dr. Mechoulam, for giving us  
29      the benefit of his knowledge and experience today,  
30      and for all of you here for the reception we have



1 received in Sudbury and for the assistance we have  
2 received from your participation. I am sorry we  
3 have to cut it off at this point. I declare this  
4 hearing terminated.

5 Thank you very much.

6 --- upon adjourning at 4:10 p.m.

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COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

The Balmoral Room,  
Royal Edward Hotel  
THUNDER BAY, Ontario  
May 8, 1970



COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

BEFORE:

Gerald LeDain,	Chairman,
Ian Campbell,	Member,
H. E. Lehmann, M.D.,	Member,
James J. Moore,	Executive Secretary,
J. Peter Stein,	Member.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

The Balmoral Room,  
Royal Edward Hotel  
THUNDER BAY, Ontario  
May 8, 1970.





1 --- Upon commencing at 9:40 a.m.

2 THE CHAIRMAN: Ladies and gentlemen,  
3 I call this hearing of the Commission of Inquiry  
4 into the Non-Medical Use of Drugs to order.

5 I should like to introduce members  
6 of the Commission and staff who are present today.  
7 On my far right is Dean Ian Campbell of Montreal;  
8 on my immediate right, Dr. Heinz Lehmann of Montreal;  
9 I am Gerald LeDain; on my left is Mr. James Moore,  
10 Executive Secretary of the Commission; on Mr. Moore's  
11 left, Mr. J. Peter Stein of Vancouver. At the table  
12 to my left is Mrs. Vivian Luscombe, my secretary on  
13 the Commission.

14 I should like to read a statement  
15 indicating the background of the Commission's appoint-  
16 ment and its terms of reference and the manner in  
17 which it interprets its task.

18 The Commission of Inquiry into the  
19 Non-Medical Use of Drugs was appointed by the federal  
20 government on May 29th last year upon the recommendation  
21 of The Honourable John Munro, Minister of National  
22 Health and Welfare. The Commission has an independent  
23 status under Part I of The Inquiries Act.

24 The concern which gave rise to the  
25 appointment of the Commission is described in the  
26 Order-in-Council which authorized the appointment in  
27 the following words:

28 "... there is growing concern in Canada  
29 about the non-medical use of certain  
30 drugs and substances, particularly those



1 having sedative, stimulant, tranquili-  
2 zing or hallucinogenic properties, and  
3 the effect of such use on the individual  
4 and the social implications hereof;

5 ... within recent years, there has  
6 developed also the practice of inhaling  
7 of the fumes of certain solvents having  
8 an hallucinogenic effect, and resulting  
9 in serious physical damage and a number  
10 of deaths, such solvents being found  
11 in certain household substances. Despite  
12 warnings and considerable publicity,  
13 this practice has developed among young  
14 people and can be said to be related to  
15 the use of drugs for other than medical  
16 purposes;

17 ... certain of these drugs and substances,  
18 including lysergic acid diethylamide,  
19 LSD; methamphetamines, commonly referred  
20 to as "Speed", and certain others, have  
21 been made the subject of controlling or  
22 prohibiting legislation under the Food  
23 and Drugs Act, and cannabis, marijuana,  
24 has been a substance, the possession of  
25 or trafficking in which has been prohibited  
26 under The Narcotic Control Act;

27 ... notwithstanding these measures and  
28 the competent enforcement thereof by the  
29 R. C. M. Police and other enforcement  
30



bodies, the incidents of possession and use of these substances for non-medical purposes, has increased and the need for an investigation as to the cause of such increasing use has become imperative."

In announcing the Commission's appointment, the Minister of National Health and Welfare spoke of the "grave concern felt by the government at the expanding proportions of the use of drugs and related substances for non-medical purposes."

The terms of reference defining the Commission's inquiry into the non-medical use of psychotropic drugs and substances mention sedatives, stimulants, tranquilizers and hallucinogens.

For the present, the Commission understands "drug" to mean any substance which chemically alters structure or function in the living organism, and "psychotropic" drugs as those which alter sensation, feeling, consciousness and psychological or behavioural functions. The Commission has tentatively defined "medical use" in terms of generally accepted medical practice -- under medical supervision or not. All other use is "non-medical use".

By itself, a prescription does not distinguish medical from non-medical use. A non-prescription drug like aspirin may be taken for medical use. Or a prescription drug may be taken for generally accepted medical reasons, then no longer





1 required.

2 The Commission is invited by its terms  
3 of reference to "marshal ... the present fund of  
4 knowledge concerning the non-medical use of sedative,  
5 stimulant, tranquilizing, hallucinogenic and other  
6 psychotropic drugs or substances."

7 But since an interim report is expected  
8 shortly, and a final report within two years, the  
9 Commission will have to be selective.

10 It must consider what appear to be  
11 the principal issues which led to its appointment.

12 The Commission has the initial impression  
13 that its primary focus must be on the non-medical use  
14 of drugs by the young and by adults as it relates  
15 to or affects the use of drugs by youth.

16 The Commission has drawn up a preliminary  
17 classification of psychoactive drugs, which falls into  
18 the following eight categories: hypnotics-sedatives;  
19 stimulants; psychedelic-hallucinogens; opiates-nar-  
20 cotics; volatile solvents and gases; analgesics (non-  
21 narcotic painkillers); clinical anti-depressants;  
22 and major tranquilizers.

23 The Commission sees its primary  
24 emphasis on the following categories:

25 1. The psychedelic-hallucinogen, which  
26 includes cannabis (marijuana and  
27 hashish), LSD and mescaline and the  
28 other "restricted drugs" placed under  
29 the new schedule J of the Food and  
30 Drugs Act: DMT, STP (DOM), and DET;



1                   2. The stimulants, including such  
2                   amphetamines as benzedrine and meth-  
3                   drine -- generally referred to as  
4                   "speed";

5                   3. The volatile solvents and gases -- often  
6                   referred to as "delirients", such as glue,  
7                   nail polish remover, and paint thinner;  
8

9                   4. The sedative-hypnotics; such as the  
10                  barbiturates (used as sleeping pills),  
11                  the minor tranquilizers, and ethyl  
12                  alcohol;

13                  5. The opiate-narcotic, such as heroin.  
14

15                  Alcohol and nicotine are clearly mood-  
16                  modifying drugs used for non-medical reasons and  
17                  therefore within the terms of reference. However, the  
18                  Commission could not possibly perform its task if it  
19                  were required to consider the extensive research  
20                  carried out on these substances. A realistic view  
21                  compels the Commission to regard the non-medical use  
22                  of alcohol and nicotine in their relation to the  
23                  non-medical use of other psychotropic drugs. This  
24                  is also the Commission's position, at least initially,  
25                  on the non-medical use of the opiate-narcotics, such  
26                  as heroin.

27                  These so-called "hard drugs" are not  
28                  excluded from the terms of reference, because they  
29                  do have psychotropic properties. But as with alcohol  
30                  and nicotine, the Commission cannot hope to do justice





1 to the extensive literature on the subject. The  
2 "hard drugs" are therefore to be examined in their  
3 possible relationship to the non-medical use of the  
4 "soft drugs".

5 Two contentions brought to the  
6 Commission's attention may illustrate what is meant  
7 by "relationship" to the non-medical use of soft drugs.

8 The first contention is that extensive  
9 social use of alcohol not only creates a permissive  
10 climate of drug use, but also reflects a provocative  
11 injustice and even hypocrisy in our legislative and  
12 law enforcement attitudes. The second contention is  
13 that the use of certain soft drugs like cannabis  
14 (marijuana) leads very often, if not generally, to  
15 hard drug addiction.

16 What are the issues in this inquiry?  
17 The Commission must investigate the extent of the non-  
18 medical use of mood-modifying drugs in Canada. That  
19 means the pattern of drug use; the drugs and various  
20 groups or populations involved, according to age,  
21 occupation, etc.; the movement from one drug to another.

22 The Commission must investigate physical  
23 and psychological effects of these drugs, effects on  
24 behaviour of the individual concerned, effects on  
25 others, and effects on society. Finally, and by no  
26 means least important, the Commission must investigate  
27 the reasons for the non-medical use of drugs -- not  
28 only the personal reasons or motivation, but the social,  
29 educational, economic, philosophic and other reasons.  
30 In other words, what is the meaning or larger significance



1 of this phenomenon? What is the true nature of the  
2 challenge it presents to our civilization?

3 We have accepted a very difficult task  
4 and we need your help. It is imperative that we have  
5 the views of as many Canadians as possible. This is  
6 not solely a technical question for experts; it is a  
7 broad social issue, going to the very nature of human  
8 existence in our time. It is a question to which  
9 everyone can contribute a measure of insight and wisdom.  
10 Please come forward and assist us with your views.

11 I should like to say a few words about  
12 the procedure which we follow at these hearings. Our  
13 public hearings are, of course, only one of our methods  
14 of inquiry. We hold private hearings with groups and  
15 individuals and consulting experts carrying out  
16 various kinds of research, but we do attach a great  
17 amount of importance to our public hearings because  
18 they are the means by which we hope to be able to form  
19 a sound opinion or understanding of Canadian attitudes  
20 on this question, because the issues here are, as I  
21 have said, not simply ones of science; they are funda-  
22 mentally involving decisions of a moral character,  
23 questions about the responsibility of the State, proper  
24 role of law in relation to this phenomenon, the role  
25 of education, responsibility of society for treatment,  
26 and they are decisions that have to be made ultimately  
27 by the people of Canada. And if we are to form an  
28 understanding of what is feasible in the way of social  
29 response to this phenomenon, what is wise, then we  
30 have to have the benefit of as much understanding,



1 experience and opinion in the country as possible.  
2 So, we have tried in these hearing to generate a  
3 true public forum, fairly informal in character, in  
4 which people can be free to give us the benefit of  
5 their understanding.

6 We have always some scheduled sub-  
7 missions, but at the end of each of these there is an  
8 opportunity for questions and observations, both by  
9 the Commission and by others present, and we have  
10 placed microphones in the aisles here for your con-  
11 venience, and we hope you would feel free to give us  
12 the benefit of your views.

13 We have experienced across the country  
14 very free and frank dialogue and have profited very  
15 greatly from having the exchange of views in public  
16 between persons and institutions who have particular  
17 concern for this phenomenon, in the various communities  
18 we have visited.

19 I should also like to make a further  
20 observation. It has been suggested from time to time  
21 as we progressed in our hearings, that people feel  
22 that, well, they feel a bit inhibited, they say, "What  
23 can we add that is new? What can we tell the Commission?  
24 They have been across the country and they must have  
25 heard it all before." The truth of the matter is,  
26 there are always fresh insights into this problem,  
27 arising from the experience in particular communities,  
28 and apart from that, however, there is the great value  
29 to us of having certain points of view confirmed.

30 It is very important that we know to





1 what we should attach importance, what judgments seem  
2 to be representative of Canadian experience and insight,  
3 and so it is of great value to us to have the con-  
4 firmation of views we have heard elsewhere. So, I hope  
5 you will not feel in any way inhibited. But, we have  
6 heard a great deal; we have a long way still to go,  
7 another year, and we can assure you that we are far  
8 from satisfied that we have/a sufficient understanding  
9 of this phenomenon, particularly in all its Canadian  
10 aspects and implications.

11 Secondly, it has been observed recently  
12 in the paper, that our Interim Report has been com-  
13 pleted, and is only awaiting completion of the French  
14 version for release, and this is true, but that in  
15 some sense the hearings that we are now conducting  
16 can have no bearing on that. Well, it is true that  
17 they cannot be taken into consideration in the Interim  
18 Report but we are well into the work of our final  
19 report, so this hearing today is just as timely and  
20 relevant for our purposes as any we have had. And  
21 this phenomenon is changing, Canadian perceptions  
22 of it are changing, your own experience in this  
23 community is changing, our own understanding of it  
24 is changing, so, in no sense is this hearing anti-  
25 climactic. As I say, we are moving on to examine  
26 certain aspects which we identified as important  
27 issues at the interim stage, but we are now trying  
28 to deepen our understanding of them, so please do  
29 not feel that in any sense we are going through some  
30 kind of motion here. Far from it. As I say, we are



1 hard at work now on our final report and we only  
2 have a year, and it is little enough time, and in  
3 certain areas we have a lot more work to do to really  
4 understand what it is about; things like education  
5 and treatment and so on. So I hope you will give us  
6 the benefit of your experience and understanding here  
7 today.

8 I will call now on Mr. Kenneth Cunning-  
9 ham, Director of Student Affairs at Confederation  
10 College.

11 If Mr. Cunningham would like to be  
12 seated at that table?

13 MR. CUNNINGHAM: Thank you very much.

14 THE CHAIRMAN: Would you like to be  
15 seated at that table, Mr. Cunningham? You may find  
16 it a little more convenient.

17 MR. CUNNINGHAM: I might say that my  
18 experience with narcotics and non-prescribed drugs  
19 goes back over a series of years. I have practised  
20 law in Toronto, and I always recall my first instance  
21 where I defended a client who was addicted  
22 to heroin, and the experiences that I had with this  
23 particular individual in the Don Jail when she was  
24 going through withdrawal symptoms, and since then I  
25 have always felt very strongly that addicting drugs  
26 such as heroin should be controlled as they have  
27 been, to a certain extent, but it is my sincere hope  
28 that this Commission will, with, of course, the  
29 co-operation of the law enforcement agencies, be able  
30 to wipe out and control the criminal element who are





1 behind heroin.

2                   I don't want to say too much about  
3 my practice of law in Toronto since I am no longer  
4 a member of the law association or the Bar; I am  
5 now involved in education, as I have been for the  
6 last ten years. But this exposure to that element  
7 has always made me feel very strongly against this  
8 situation and I have experience and some background  
9 that tells me that at that time these drugs were  
10 controlled by criminal elements active in this country  
11 And it is my feeling, from what I have heard and seen,  
12 it is continuing, and I feel that criminally, from  
13 a policing standpoint, a legal standpoint, more should  
14 be done to wipe out this aspect of the drug market,  
15 if you will.

16                   However, since coming into education,  
17 and being involved in counselling; I am also a  
18 counsellor coming up through the secondary school  
19 element, through the vocational centres and institutes  
20 of technology, and finally, to the community colleges,  
21 and I have had some experience in the Toronto and  
22 Ottawa area in counselling and assisting and supporting  
23 young people who have become involved with drugs.  
24 I am speaking now more of the hallucinatory and what  
25 I consider the non-addicting drugs such as marijuana  
26 and hashish. These people, and I am speaking of maybe  
27 a hundred to a hundred and fifty in the last ten years,  
28 really, in my experience, and it is limited, of course;  
29 my feeling is that they need support and through a  
30 form of therapy -- we used to call it "contract" -- an



1 hour a week where they would come in and talk over  
2 their problems -- the majority of these people that  
3 I have known have stopped the use of marijuana, hashish,  
4 and some of these derivatives.

5           It is my feeling that we do require  
6 some form of counselling psychological, emotional  
7 counselling, to assist people, almost the clinical  
8 approach to assist young people who are going through  
9 some pretty drastic situations within their young  
10 lives, the identity problems, the problems of "What  
11 am I, Who am I", the so-called rebels, if you want  
12 to call them that, and anti-establishment approach.  
13 Many of these people want to talk. There is a lack of  
14 communication between young people and, quite frankly,  
15 people of my age, and even younger. Many counsellors --  
16 I am not necessarily referring to psychologists or  
17 psychiatrists, that level, but many people in  
18 education I have <sup>had</sup> the privilege of knowing in the last  
19 ten years, have had the ability to communicate with  
20 young people and many of these problems have been  
21 helped and assisted.

22           Since coming to the Lakehead almost  
23 some four years ago now, I have had further connection  
24 and experience with individuals who have been involved  
25 with narcotics. I am thinking now of what I am led  
26 to believe is a non-habit forming drug, the marijuana,  
27 hashish, and so on, although I really have seen no  
28 research which either proves or disproves that these  
29 are in fact not habit forming, or that they do not  
30 have any physical effect. I do hope that moneys will be



1 expended towards research to establish whether or  
2 not these are in fact -- I am thinking now, once again,  
3 of marijuana, hashish and some of the others -- I am  
4 not thinking of the hallucinatory, because I think  
5 there is medical evidence that they are damaging,  
6 and, therefore, should be controlled and legislated  
7 against in a greater degree. But marijuana and hashish,  
8 and some of these others, I feel that we are making  
9 a mistake, at least on the surface, it appears to me,  
10 in keeping them in The Narcotics Control Act. I feel  
11 that rather than being an indictable offence under  
12 which young people can be sentenced -- well, I have  
13 seen two and three years on first offence; mind you  
14 I have also seen suspended sentences, and so on --  
15 but I feel it should not be an indictable offence  
16 for substances of this nature, the non-habitforming  
17 drugs. I almost feel it is a misdemeanor in many  
18 cases, if that. I don't think this country is ready  
19 to legislate in favour of marijuana and hashish, but  
20 I feel that young people are probably the fore-  
21 casters of change. They are ahead of their time  
22 and I think that they have indicated to us, maybe  
23 vocally enough, but without, possibly, the weight  
24 of substance to indicate that we should, in fact,  
25 change our legislation with regard to non-habitforming  
26 drugs.

27 Many young people have experienced  
28 these drugs on a one-shot item, the house party,  
29 the "pot" party where there are some people who  
30 are habituates, and alcohol has usually been present





1 and at one point or another they have been called,  
2 "chicken" if they wouldn't try it, and they have  
3 taken and smoked the one cigarette, as the case may,  
4 or the hashish, tried it for kicks, and dropped it.  
5 Others have continued it from time to time. I think  
6 a lot of the surveys and statistics, certainly that I  
7 have seen in this part of the country, are a way out  
8 of proportion. There have been surveys made which  
9 have asked such questions as, "Have you tried?"  
10 Well, having tried something, and being a user of  
11 it, is a far cry, and I feel that in many cases this  
12 has been overdone and overplayed.

13 I am also sort of reminiscent of the  
14 prohibition days, when you make something illegal  
15 it seemed to be that everybody wanted to try it. And  
16 I'm not necessarily saying that this is an analogous  
17 situation, but it would appear to me that it may be.

18 That is briefly what I have to say.  
19 Maybe I am a sort of a middle-of-the-road type, taking  
20 a non-action standpoint, but having been on both sides  
21 of the fence; I also found myself prosecuting at one  
22 time on behalf of the federal government, narcotics  
23 cases, and I felt very strongly, and worried, although  
24 you are not supposed to worry when you are prosecuting,  
25 about not getting a conviction, you are supposed to  
26 be fair and equitable, but I used to worry when I  
27 lost one of these cases because of my first experience,  
28 going back to the Don Jail and seeing the withdrawal  
29 symptoms, the "cold turkey", as you might say.

30 By the way, this narcotics world is a



1 world unto itself. You have to learn the language.  
2 In the first case, I didn't even know what this girl  
3 was talking about half the time. It took me, really,  
4 a week or two, to really understand what she was  
5 saying, let alone understand how she was feeling,  
6 and I certainly sympathize with these people, and I  
7 think that is the basis of my experiences, and I would  
8 like to pass them on to the Commission for what they  
9 are worth.

10 THE CHAIRMAN: Thank you, Mr. Cunningham.

11 MR. CUNNINGHAM: If there are any  
12 questions ---

13 THE CHAIRMAN: Yes, thank you.

14 Yes, Dr. Lehmann?

15 DR. LEHMANN: Mr. Cunningham, in your  
16 capacity as counsellor, what would you tell a student  
17 who asks you, "Well, how should I behave? I am going  
18 to these parties and grass is being smoked, and it  
19 looks kind of funny, I'm always sitting around there  
20 like a wet blanket. Everybody else is doing it; some  
21 of my best friends are at these parties, so I don't  
22 want to drop them. Is there any danger? Should I  
23 do it or should I not do it?"

24 MR. CUNNINGHAM: Well, let me say  
25 that a good counsellor does not tell a client anything.  
26 It is not similar to the profession of law and many  
27 other advisory positions. A counsellor must talk  
28 to the client, or the counsellee, from a standpoint  
29 of, "You can lead a horse to water, but you can't  
30 make him drink." The client must get to know himself





1 or herself. It is their decision. The only thing  
2 you can do as a counsellor is present alternatives  
3 and say such things as, "Well, if you smoke hashish,  
4 or whatever, marijuana, or so on, how are you going  
5 to feel? How are you going to feel if you don't?"  
6 It is really the client's own decision; it is almost  
7 like letting them find themselves at their own level,  
8 at their own conscience. In other words, if you  
9 said, "Look, if I were you, I wouldn't do it", they  
10 will walk out of there and do it in any event. So,  
11 there must be a true revelation with the indivi-  
12 dual.

13 So, in an answer to your question,  
14 I would take almost no position. A good counsellor  
15 doesn't. I might say, as a counsellor, you are never  
16 shocked by what anyone says, and you are never  
17 condemning. If someone walks in / tells you that they  
18 have done some terrible, horrible thing which might  
19 offend you, /<sup>like</sup> a poker player, it doesn't affect you,  
20 and a good counsellor has this feeling.

21 DR. LEHMANN: So you would be non-  
22 directive. Now, let us assume that a girl, nineteen,  
23 tells you that her boyfriend tries very hard to  
24 persuade her to try heroin a few times because it  
25 has all been exaggerated, it is really not so bad,  
26 and so on. Do you take the same attitude in this?

27 MR. CUNNINGHAM: I take the same attitude  
28 except for the fact that I would have her do research  
29 within the particular area. I would have her become  
30 aware of the research on the various -- if it happened



1 to be heroin, for example, as you are talking about,  
2 there are quite a few good books from a case standpoint  
3 as to individuals. There is quite a bit of medical  
4 evidence, especially on heroin and this type of thing,  
5 and there are quite a few books in psychology which  
6 would assist her to make a decision. I would let  
7 her find out for herself, not from a practical "try it  
8 and see," but "look at the results" type of approach,  
9 still being non-directive and broad ranging.

10 THE CHAIRMAN: Well, is this an approach  
11 which is to be confined to the function of counselling,  
12 or is it an approach which should be reflected in the  
13 whole of our social policy with respect to drugs?  
14 I want to know, in effect, how you reconcile this  
15 non-directive, non-judgmental approach, with the  
16 judgment that is implicit in the law which you support  
17 in some degree, with distinctions according to  
18 relative harm and addictive producing properties?

19 MR. CUNNINGHAM: You draw to their  
20 attention, if they aren't already aware of this,  
21 the actual law, and inform them that they are  
22 obviously breaking the law, but this is still their  
23 decision -- as a counsellor, I'm talking about.

24 THE CHAIRMAN: But is it not implicit  
25 in the law, and insofar as law reflects a society's  
26 general view of this phenomenon, a judgment that  
27 it is in some way undesirable, that non-medical drug  
28 use is undesirable? Why should this judgment not  
29 be reflected in some measure in every aspect of  
30 education on this special phenomenon?



1 MR. CUNNINGHAM: I don't think that a  
2 counsellor, if you want to look at it this way, is  
3 the one person--I shouldn't say the one person,  
4 there are many others, but, is the main person a  
5 student may call upon in time of need who is in a  
6 fiduciary relationship not to disclose the information,  
7 is non-judgmental and does not take that type of  
8 approach. You are almost a sounding board, if you  
9 want to look at it that way. I must agree there have  
10 been situations, for example, where crime has been  
11 committed, you are torn, but at the same time, the  
12 way I have approached this is try to get the client  
13 to make the move to admit to this crime and take the  
14 necessary steps rather than me picking up the phone  
15 and saying whatever is necessary.

16 THE CHAIRMAN: Well, what is to be  
17 the approach of parents? I mean, is there to be any  
18 direction at any point between the educational process  
19 and various influences, various influences of home,  
20 school, peer group, in which a position is to be taken,  
21 a general position, a general attitude towards non-  
22 medical drug use is to be expected?

23 MR. CUNNINGHAM: I think this position  
24 has been taken and is mainly quite clear from a  
25 parental standpoint. Parents, although in my esti-  
26 mation, once again, they lack information, and a great  
27 deal of information, it seems to me that--mind you  
28 now, from time to time, we have had seminars for  
29 parents and I must admit the turnout has not been  
30 too good. But there must be a better way of communi-





1 cating to them. The problems of drugs -- I recall  
2 situations in which parents have found out that  
3 their children have been involved with narcotics,  
4 and are just so shocked, and in some cases it has  
5 been going on for two or three years right under  
6 their noses, and they are just not aware of it, and get  
7 extremely upset and they certainly are judgmental,  
8 and would have taken a position if they had known.  
9 But I do feel that in the majority of cases, they  
10 are just not aware. They do take a position, there  
11 is no doubt about it?

12 THE CHAIRMAN: Dean Campbell?

13 MR. CAMPBELL: Mr. Cunningham, is there  
14 any particular interpretation that you give to this  
15 development of the drug phenomena? Do you see it  
16 as having any particular sources or general sources?

17 MR. CUNNINGHAM: I have noticed in  
18 the last ten years, a tremendous increase in the use  
19 of, once again, the non-habit forming drugs. Frankly,  
20 I'm not in the picture any more with regard to drugs  
21 such as heroin, and the other so-called more "hard  
22 drugs". But with regard to marijuana and hashish  
23 and some of the hallucinatory drugs, I have had  
24 experience. It appears to me it is on the increase.  
25 I think, once again, much of this is in support of  
26 the insecurity of our young people, the questions  
27 that they are having concerning society, their  
28 need for change, change of almost any description.  
29 This may be a reason. I don't know, I am not in a  
30 position to say. I do feel that if these young people



1 had areas or individuals or groups that they could  
2 talk to on a one-to-one basis with a sense of  
3 security -- I am thinking now of some of the  
4 counselling areas I have seen where, quite frankly,  
5 in Toronto, and St. Catharines, and Ottawa, that I  
6 have been a part of, where individuals would walk in  
7 at night feeling lonely and wanting to talk -- this  
8 type of operation, I think, would help. I think we  
9 need more of this, possibly more research as to the  
10 necessity of these, and whether or not they would,  
11 in fact, be effective. It appears to me that they  
12 have been and could be.

13 I know, myself, I have been trying to  
14 establish something like this in the Lakehead for  
15 three years. I have had agreement with our Board of  
16 Governors to do this, but we have never been able to  
17 get the money. I might say that the counsellors in  
18 the area, especially the high school counsellors,  
19 were extremely excited about this over a year ago  
20 when we actually drew up an organizational chart and  
21 had plans for an evening counselling operation. They  
22 were very anxious to get going actually had  
23 some \$5,000.00 to kick it off with, but with the  
24 situation within the province and the country, the  
25 money was withdrawn and we could not continue.

26 MR. CAMPBELL: You mentioned some  
27 surveys of drug use which you felt exaggerated the  
28 extent of regular use. Did these questionnaires  
29 simply ask if the individual used the drug, or  
30 they also get information on frequency of use





1 various types of drugs that may have been used?

2 MR. CUNNINGHAM: The ones that, quite  
3 frankly, I have read about in the paper and never  
4 saw the actual survey, I have heard politicians  
5 quoting the results and so on, and I am really not  
6 aware of the full survey, only some of the answers  
7 that were given, and some that were quoted, and the  
8 ones that I am referring to, I thought were out of  
9 proportion.

10 MR. CAMPBELL: Are you in any position  
11 to make estimates of the extent and frequency of use  
12 at Confederation College?

13 MR. CUNNINGHAM: I would think so.  
14 It would be a guess, of course. I am now the Director  
15 of Student Affairs and we have two full-time counsel-  
16 lers who report to me. They are a little closer to  
17 the students. Once you get into administration, you  
18 seem to get removed from the students a little more  
19 and more, and sometimes I think this is bad, and  
20 every once in a while I would like to get back to  
21 the classroom and back to the one-to-one counselling.  
22 So, maybe I'm not in a position, as a result, now, to  
23 make an estimate; but I would say this; it is extremely  
24 low.

25 In the last year I have only known  
26 of three, maybe four cases, myself, in our particular  
27 operation of some 600 students. We have students  
28 who have been on marijuana, who have actually had  
29 convictions, and have continued at the College after  
30 they had served their time, and come back to society.



1 MR. CAMPBELL: This is post  
2 graduate?

3 MR. CUNNINGHAM: This is grade twelve,  
4 and there are also some grade thirteen students, and  
5 even some at university with degrees.

6 MR. CAMPBELL: Some institutions at  
7 that level, probably upwards of fifteen, twenty percent  
8 of the students, it would appear, so we are told, use  
9 drugs quite regularly. Have you any idea why in this  
10 area you would have, then, a relatively low use?

11 MR. CUNNINGHAM: I don't, really.

12 MR. CAMPBELL: Are there any factors  
13 in the community structure or the general social  
14 environment here that would mitigate against drug  
15 use?

16 MR. CUNNINGHAM: Not to my knowledge.  
17 I would not want to say that within the whole  
18 community that our percentage of users was lower  
19 than anywhere else. I don't have those figures;  
20 I am not knowledgeable throughout the whole community,  
21 but it would be my feeling that they are much lower  
22 than would appear to be indicated from time to time.

23 MR. CAMPBELL: Do you have any infor-  
24 mation about the probable extent of, say, cannabis  
25 use by people who are beyond the secondary school  
26 or college age levels? Do you hear anything?

27 MR. CUNNINGHAM: Only hearsay. Nothing  
28 that I could support.

29 DR. LEHMANN: May I come back to the  
30 parents again? I understand that in your position





1 you have not much direct access really, or need to  
2 have anything to do with the parents, yet you did  
3 arrange for evenings, for information evenings, I  
4 suppose. But what I would like to ask you is, how  
5 do you see the function of a counsellor? Do you think  
6 it will always be a necessary one, or is it the function  
7 is the function of a counsellor only so important in  
8 college because parents cannot function, well, in  
9 such a way that the counsellor would be necessary?

10 MR. CUNNINGHAM: No. My own feeling  
11 is that counselling is needed at all levels. In fact,  
12 it is my hope and wish that we could have more  
13 counselling throughout the high school, secondary  
14 school, and particularly in the elementary school.  
15 We have a dire need in this area for counsellors at  
16 the elementary school level.

17 DR. LEHMANN: Is that because ---

18 MR. CUNNINGHAM: This has nothing, of  
19 course, to do -- I shouldn't say nothing, that's not  
20 true, but there is no direct reasoning, as far as  
21 this Commission is concerned, with that particular  
22 problem. Although it may be, once again going back  
23 to the supportive nature of some of these drugs, the  
24 insecurity. Many problems of young people, so we are  
25 told from studies done in the States, by the time they  
26 have reached grade five, with a trained person, are  
27 obvious, and there are not enough trained people in  
28 the elementary schools to be aware of some of these  
29 emotional red light, yellow light, signs, for young  
30 people at that age.





1 DR. LEHMANN: Isn't it alarming to  
2 some extent, that so many young people have told us --  
3 and we have no reason to doubt it -- that they simply  
4 will not, and cannot, talk to their parents. Some  
5 of them, perhaps many, will go to a counsellor, but  
6 many will not. Do you see any need or any possibility  
7 of changing the function of parents there, or rendering  
8 them capable of giving some support or advice or  
9 communication?

10 MR. CUNNINGHAM: Yes. I could see an  
11 area where -- I am not saying the professional training  
12 of counsellors, but if they could have more communi-  
13 cation, more assistance in sensitivity training, in  
14 what I call the "communication link", the listening  
15 brief, the average parent is just not tuned in to their  
16 child, with all due respect to myself, I am also a  
17 parent of six children ranging from the elementary  
18 to the college level, even with my, you know, this is  
19 maybe redundant; even with my background I have more  
20 difficulty in communicating with my own children than  
21 I do with children of other parents. I think we are  
22 too close, possibly, as a parent. We are too subjective  
23 we are too judgmental. "There goes my image", sort of  
24 thing, but that is the reason. I think, if this is  
25 true, and it appears to be, and I see more counsellors  
26 around this room, you might ask them the same question.

27 DR. LEHMANN: Well, as a counsellor,  
28 and this will also be, now, in relation to what you  
29 said regarding the difficulty of parents, they are  
30 too judgmental, would you consider it, in principle,

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15. MINUTES: I am not sure if

some extent it is so many years ago. I am not sure if  
and we have no reason to doubt it -- that they might  
will not, and cannot, talk to their parents. I am  
of them, perhaps many, will go to a conference, and  
many will not. Do you see any need of any legislation  
of training for teachers, or for the  
than capable of doing some special work?

MR. GUNNINGHAM: Yes, I could see

then would -- I am not saying the professional  
of communication, but if they could have more

what I call the "communication link", the  
best, the average parent is not so much in  
child, with all due respect to myself, I am

parent of six children ranging from the  
to the college level, even with my own  
right, naturally, even when my children  
this kind of communication with my own

the other children of other parents. I think  
the other children, as a parent, we are  
the other children. "There goes my son, I  
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... training ...

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child, with all due respect to myself, I am also a  
parent of six children ranging from the elementary  
to the college level, even with my, you know, this is  
quite redundant; even with my background I have more  
difficulty in communicating with my own children than  
I do with children of other parents. I think we are  
too busy, usually, as a parent. We are too subject  
we are too fundamental. "There goes my hand" sort of  
thing, but that is the reason. I think, if this is  
true, and it appears to be, and I see more and more  
around this town, you might ask them the same question.

MR. CUNNINGHAM: Well, as a counsellor,  
of which will also be, now, in relation to the  
... of ...  
... you consider it ...



1 bad for a counsellor to show that after all he is  
2 judgmental because it is just inhuman, it is humanly  
3 impossible not to be judgmental. As you indicated,  
4 one can moralize and criticize, and one would  
5 immediately lose the trust, but is there a possibility  
6 that if a counsellor or parent would have the  
7 confidence, that then one could make clear how one  
8 personally feels about it, and still continue the  
9 dialogue? In a way, one might say in favour of this,  
10 that the younger person will say, "At least it isn't  
11 phony", because they probably, obviously expect  
12 otherwise.

13 MR. CUNNINGHAM: This can be done  
14 provided you have already won the confidence, estab-  
15 lished the rapport, and the counsellee has begun to  
16 understand himself or herself. I have so-called  
17 clients, if you want to call them clients -- our  
18 College has a one, two and three year program and  
19 I have counselled in the first year and they are  
20 now active in the Student Union, possibly doing other  
21 things within the College, and I can now talk to them  
22 in that manner. I think only, though, because we have  
23 had this crucial situation where I have passed the  
24 test, if you want to call it that. Then I can say,  
25 "You stupid so and so, why would you do a thing like  
26 that?" And they will come back and they won't feel  
27 that I am being judgmental, that I am sort of one of  
28 them, if you will.

29 But this is in a minority. You can't  
30 do this too often, and you certainly can't do it with



1 your own children. Once again, going back to my own,  
2 I probably have only got one, or possibly two, out  
3 of the six, who would come to me under any circumstances,  
4 so my percentages are not too good. Maybe baseball,  
5 but not in counselling. So, I think that <sup>all</sup>parents are  
6 in the same boat. We have a real, real problem,  
7 and I think with more professional counsellors and  
8 more training, that we can help, and this sort of  
9 open house, full day approach, and I don't mean from  
10 any educational institution, and I don't necessarily  
11 mean psychologists or psychiatrists within the  
12 community, and I mean all communities, I think it would  
13 be a great help, especially, if they could <sup>be</sup> established.  
14 Because a lot of our problems are not necessarily  
15 those of attending educational institutions, although  
16 some of them could and possibly should be. We have  
17 quite a few mature students at the community colleges,  
18 which is, I think, one of our greatest strengths, the  
19 fact that so-called "drop-outs" from grade ten, eleven  
20 or twelve, have gone to work for a year or two and  
21 then come back. They have realized they need an  
22 education and have come back for an education.

23           These people have just incredible  
24 experiences through their educational years, and some  
25 of the things they say, you just have to shake your  
26 head, as a result of untrained, inexperienced, in-  
27 effective, and just not having the professional people  
28 available to assist them whilst they were going through  
29 their formative years.

30           THE CHAIRMAN: Thank you.





1 I call now on Dr. Neil McLeod, one of  
2 the Medical Resource Officials at the Medical Resource  
3 Centre.

4 DR. MCLEOD: Thank you very much.

5 First, I must apologize. I am not sure  
6 if I was scheduled or not. I was under the impression  
7 I was scheduled, but upon arrival there seemed to be  
8 some confusion in that regard, so that I will try to  
9 keep my comments brief and to the point and not ---

10 THE CHAIRMAN: There is no rush. You  
11 shouldn't have any sense of rush, Dr. McLeod. I under-  
12 stood it would be more convenient for you to be heard  
13 this morning rather than this afternoon. You were  
14 scheduled. We just changed it for your convenience,  
15 so there is no rush.

16 DR. MCLEOD: Just for introduction as  
17 to who I am. I am a practitioner in the Fort William  
18 Clinic here and for the past three years have been  
19 fairly intimately involved with young people's  
20 activities in the community, and through this, have  
21 become fairly involved in the, sort of, drug situation.  
22 Since last fall, when I inadvertently gave a talk  
23 at a drug seminar, I have spoken about thirty-five  
24 times throughout the community, mainly to adult groups,  
25 lay groups, Board of Education, teachers groups,  
26 social workers groups and so on, about drugs. And  
27 my comments really have taken a variety of points  
28 that may or may not be of useful information to the  
29 Commission.

30 And what I have attempted to do, first





1 of all, is really to give people some facts about  
2 the drugs, and I discussed briefly the facts of  
3 marijuana and LSD and amphetamines. I go on to dis-  
4 cuss their sources, I discuss the legal implications;  
5 then I discuss the numbers of kids that are taking  
6 it in the community, that I think do take it; go on  
7 then to discuss why I think the things are taken and  
8 why it appears from various sources, why the drugs are  
9 taken, and then what, as a community, we might be able  
10 to do to approach this whole situation.

11 Now, I think the first part of those  
12 comments would be redundant to the Commission, and that  
13 is the description of the drugs. I am sure this is  
14 certainly well known, and I don't think I can add  
15 anything that would be worthwhile.

16 In terms of numbers involved, talking  
17 about the community situation here, I think this is  
18 an educated guess, at best, but having a pretty good  
19 communication with the kids themselves, I think I have  
20 a pretty reliable estimate, and I would say in the  
21 high schools, for example, thirty to forty percent of  
22 all high school students have tried one or the other  
23 of those three drugs, marijuana, LSD or the amphetamines.  
24 I think there is a lower percentage in the elementary  
25 schools that are using the solvents. Here again I have  
26 never really come in contact with any young person  
27 who was acutely ill on solvents, and I likely have  
28 come into more contact with kids using drugs in the  
29 Lakehead than any other physician. So, having said  
30 that, I tend to not be quite so concerned with the



1 solvent problem, more concerned with the other three  
2 that I have mentioned.

3 So, I have said thirty to forty percent,  
4 but in that thirty to forty percent, I would say, of  
5 the high school population, perhaps ten to fifteen  
6 percent use these things relatively regularly, regularly  
7 being once or twice a week. Here again, there will be  
8 other speakers today, who will likely be able to confirm  
9 that or give other thoughts on that.

10 In terms of what is used in the Lake-  
11 head, here again, I think others who are directly  
12 involved, for example, in the Youth Centre that we  
13 have in town, will be able to give more concrete  
14 figures here. Certainly marijuana and hashish are  
15 available to a good extent.

16 Last summer LSD tended to, kind of, fall  
17 into some disfavour, but recently it is again on the  
18 upswing. Amphetamines, certainly, are the coming  
19 thing this year, which is somewhat frightening because  
20 of the physical and psychological complications  
21 that can come from this.

22 The other problem that one sees is  
23 really the problem of the mixture, and this is the  
24 amphetamine with LSD, amphetamine with strychnine,  
25 with bella donna, with atropine, and I see kids in  
26 the Emergency of the local hospital who are sick,  
27 not so much of the direct effect of the drug, but  
28 because of the complications of the contaminants,  
29 so to speak.

30 As far as how the drugs are obtained,







1 I think this is well known. There is a well --  
2 there are many sources and the kids have a fantastic  
3 insight into where to get to the drugs. There are  
4 individuals known to them, that they can provide the  
5 material.

6 Cost, I won't really go into except  
7 to say that it is a fairly costly venture, \$3, \$6,  
8 is nothing unusual as price for a tab of LSD.

9 Now, so much for the local situation.  
10 Very briefly, if I could just make a few comments  
11 about why I think in the Lakehead, at any rate, the  
12 drugs are taken. I think this is, perhaps, important  
13 in our thinking of what we are going to do about it.  
14 I think the primary reason, and I must say the  
15 reason which doesn't seem to lead to too much  
16 individual trouble, is one of curiosity. The kids  
17 have heard about it, and they have read about it,  
18 and they want to try it. Most kids, I think, start  
19 off in this vein -- curiosity, combined with peer  
20 group pressure or the desire of, kind of, belong to  
21 their particular group, involved to a greater or  
22 lesser extent in drug use, and therefore, one of  
23 the feelings of belonging is belonging at that level.  
24 And I think that the vast majority of teenagers are  
25 taking drugs for those two reasons.

26 And I must say that in my own  
27 experience I have very seldom had any involvement  
28 with the young person who is getting in trouble  
29 with the drug if those are the reasons.

30 I think the third reason is that a



1 small number but a significant number are using the  
2 drugs because they are really trying to learn something  
3 about themselves, trying to increase their self-  
4 awareness. And one is always a little suspicious  
5 of that reason, but I think for many kids, they are  
6 looking upon the substance as something that will  
7 expand their mind or clarify their thinking about themselves.

8 I think the fourth reason that this is  
9 taken, and this is the reason that is potentially  
10 dangerous, and this is the reason that leads to the  
11 kids being admitted to the hospital, and that is  
12 taking the drug to escape. I mean here escape from  
13 a variety of things. I think, first of all, the  
14 escape often -- in the majority of cases, is escape  
15 from a family situation. Very seldom have kids  
16 admitted to hospital, been in psychological or physical  
17 trouble on the drugs, who come from a well-balanced  
18 home where there is a good communication between Mom  
19 and Dad and the kids. Invariably, there is a situation  
20 which is appalling. Dad or Mom may be an alcoholic,  
21 there is often separation in the family. One or the  
22 other parent, the female parent may work, and  
23 consequently the kids are, kind of, turned out in the  
24 morning, and if they get home by night, fine, if they  
25 don't, there is tomorrow. So, these kids are escaping  
26 often, first of all, a home situation which is  
27 deplorable, and they are looking upon the drug as  
28 something which is going to give them a little handle  
29 to hang onto.

30 Secondly, they are often escaping their





own kind of insecurity. Time and time again the young person who is getting himself in trouble on the drugs is the, kind of, "clinger" in the group, the, kind of, "hang around", not the leader type, not the self-assured type. It is really the insecure type of boy or girl who really want to belong desperately, and for them this is something that, kind of, helps them gain that little bit of confidence to let them belong. I think some kids too, are trying to escape the demand that society puts on them, and here I mean that they are living in a society where their parents have grown up in a society and they have had to work hard to achieve what they have gained, and the kids have been born into affluence, and yet the same standards that their parents have, they expect their kids to have, which is to achieve some, perhaps, status in society and so on. Kids nowadays are not really willing to accept that, and they are saying, "It doesn't matter if there are two cars in the garage if we are going to blow ourselves up in five years. This is immaterial, why are we worried about this thing? It doesn't matter if I have a university degree, if blacks in the ghettos of New York will remain in the ghettos of New York and be at a subsistence level for the rest of their lives." And adults tend to sort of poo hoo this too often, but in many cases, these kids are genuinely concerned about issues such as this.

Some kids, I think, are escaping boredom, again arising out of a different interest





1 pattern. The things that interested a generation  
2 twenty years ago, athletics and so on, in many cases  
3 do not interest these kids any more.

4 I think another reason is that the  
5 kids, in many instances, are rejecting the double  
6 standard we give them, and what I am saying here is  
7 that as an adult generation, we are pill-takers, we  
8 are stimulant-takers, we are alcohol-takers, we are  
9 advertising on television and radio the merits of  
10 the Pepsi generation, of smoking and drinking, and  
11 so on, and this is an accepted thing, and yet we  
12 turn around to the teenager and say, "But, you know,  
13 you can't do this because you are not old enough", or  
14 "You can't do this because you are not mature enough",  
15 or, "You can't do this because you are not knowledge-  
16 able enough". And most teenagers will go along with  
17 this and they don't do it. But a certain number will  
18 just say, "The hell with this, this is nonsense, this is  
19 unfair", and the average teenager will turn to  
20 alcohol to get back, and so that alcohol, to me, is  
21 still the main problem as far as the use pertaining  
22 to drugs.

23 But kids will say, you know, "Alcohol  
24 is Dad's drug, and I don't want any part of Dad's  
25 drug", because this represents the very thing that  
26 he is trying to get away from, and so he will  
27 sublimate his troubles into drugs.

28 I think the final reason why some kids  
29 are taking it, is that they are really addicted to  
30 it, and here I am really talking about the "speed freak".



1 I am talking about the kid who is mainlining ampheta-  
2 mines four or five times a day. Whether you want  
3 to feel this in terms of a physical addiction or  
4 psychological addiction, I think this is semantics  
5 here. I think these kids here are pretty bound up  
6 in this stuff, and so, I think, that for them the  
7 reason is just one of craving.

8 Just to really end up here in terms  
9 of what an approach might be, and what we might do  
10 about it, well, first of all, I think my emphasis  
11 on what might be done about the whole drug situation,  
12 I think I would like to comment on your Commission  
13 in a moment, because I think this is one of the most  
14 important things that is being done. But I think  
15 the first thing we must do is a kind of education  
16 job, and I think the education job has to take place  
17 on two fronts. I think it has to take place at  
18 the young person's front, and by this I mean education  
19 at the pre-high school level, education at the  
20 elementary school level, grades five, six or seven.  
21 Give these kids facts, tell them about the drugs,  
22 tell them about the side effects, but don't say, "This  
23 is bad, don't do this, because this is what you are  
24 going to do." I think the approach has to be very  
25 objective because the kid does not need to be told  
26 whether it is right or wrong; he wants facts.

27 Hopefully, this is going to be done  
28 here in the fall. During the winter I spoke to both  
29 Boards of Education here, and programs are being set  
30 up whereby objective information-giving sessions in





1 the classroom will start at the elementary level,  
2 and I believe there is a member of the Executive of the  
3 Board of Education here this morning, who may comment  
4 on this further.

5 I think by high school we are too late.  
6 I think if we try to tell kids at the high school  
7 level that this or that is bad or that drugs are  
8 going to do this or that, unless we really know what  
9 we are talking about, they will cut us off, just like  
10 that. Because they will say, "Man, you don't know  
11 what you are talking about. If you haven't tried  
12 it, don't knock it." And that is usually the attitude.

13 My approach now is not like, "Don't  
14 do this because you are going to mess yourself up."  
15 They will cut the teacher off very quickly. So, I  
16 think before it happens the teachers themselves must  
17 get together and work out their own hang-ups, because  
18 it is hard to work with kids if you have a lot of  
19 prejudices yourself, which have to be worked through.  
20 That is the first, education program.

21 I think another aspect is an adult  
22 education program, and this is why I have consented  
23 to speak thirty-five times since October, and as a  
24 general practitioner in a busy practice, that is a  
25 time consuming proposition. But what I am trying to  
26 say to the adult population is, "Look, this is  
27 something that is with us, and whether we like it  
28 or not, we must accept it, and now, what are we going  
29 to do about it? Let's talk about numbers." And this  
30 is why, in my talk, I talk about the numbers of kids



1 involved and I say, "Let's compare that a moment  
2 with alcohol", where maybe 80% of high school students are  
3 taking it regularly and will go on to become adult  
4 drinkers. I try to not really diffuse the situation,  
5 but give the parents some facts. If they are  
6 confronted with the young person who comes home  
7 high on marijuana, there is no sense just going to  
8 pieces. I sympathize with the parent who has this  
9 situation, because you contrast that with alcohol,  
10 and the young person is stoned out of his head, you  
11 will be very angry with him, you will send him to his  
12 room, but you know the next morning he will wake up and  
13 he will have a tremendous headache, be sick to his  
14 stomach, have a dry mouth, abdominal cramps, a head-  
15 ache, but by the next night, he will be fine. Because  
16 we know what this does.

17 If he comes home and if he is high on  
18 marijuana, the parent doesn't know what to expect.  
19 He doesn't know whether in two weeks this young man  
20 is going to<sup>be</sup>/a heroin addict or not. He doesn't  
21 really know the situation with drugs. He doesn't  
22 really know what is happening.

23 And my contention is that in the vast  
24 majority of cases, this young person will be no worse  
25 off than the young person who comes home stoned on  
26 alcohol. Now, that is not to suggest that I'm not  
27 fully aware of the legal implications here, but there  
28 is so much experimentation going on, and that's all  
29 it is, that I think that a parent that panics is  
30 really not achieving a thing.





1                   And I also, in terms of educating  
2 adults, I try to point out that one of the most  
3 common questions that is asked of me by parents is,  
4 "How can I tell if my kid is smoking pot?" or, "What  
5 does it look like if they are under the influence of  
6 speed?" And if the parents ask me how can I tell,  
7 my answer is, "Why don't you ask him?", but they will  
8 say, "You know, I can't talk to my kid. Every time  
9 I try to say something to him, he blows his top."  
10 And my answer is, "Do you try to tell him something  
11 or do you try to listen to him?"

12                   I am diverging here, but I think the  
13 parent has a very difficult role here, and he is  
14 dealing with a person who is in many ways different  
15 than in any generation previously. And I know Plato  
16 said that, and Socrates, and so on, but today's  
17 generation of young persons has one other authority  
18 to call on for his learning process. Previously, it  
19 was the Church, his parents, the teacher. Now it  
20 is also the television set, and from a very early  
21 age he has been exposed to a variety of educational  
22 processes outside of the kind of standard processes,  
23 and what this really says is that when Dad says,  
24 "Look man, this is wrong to do this, you are wrong  
25 and you are going to get yourself in trouble", and  
26 the young person says, "Dad, you don't know what  
27 you are talking about."

28                   For the first time, this person has  
29 a good chance of being right, because his Dad really  
30 doesn't know what he is talking about, and we are





1       faced with a difficult parent-child relationship.

2                       And what I am saying to parents is,  
3       "You listen to your young man for once. You don't  
4       have to agree, but just listen to him. And then you  
5       give your point of view without trying to force it  
6       down his throat". Because the young person is  
7       often ready to expound his philosophy. He is on pretty  
8       insecure footing, and is looking to his Dad for a  
9       kind of support without too much direct interference.

10                   The second point in my approach to  
11       the drug situation is, I think, to look at the young  
12       person who is involved with drugs, the small minority  
13       of people taking drugs who cannot cope with the  
14       hallucinations; they panic and so on, to look upon  
15       the drug taking as a symptom of disease and no disease  
16       itself. I think this is so important. The young  
17       person who is in trouble on drugs has troubles, and  
18       the drugs are only a symptom of the troubles. His  
19       trouble is not the fact that he takes drugs.

20                   My approach in counselling these kids  
21       is, I never even mention the fact that they are on  
22       drugs for half an hour in an interview. That does not  
23       concern me at all. I am more interested in how he  
24       gets along at school, at home, with his friends, and  
25       so on. The fact that he is can't cope with drugs  
26       invariably points to some other problem, the drug taking  
27       is a symptom of disease.

28                   My third point on what we can do about it  
29       involves the law. I think scare tactics with these kids  
30       is not working any more. The kids don't care what they take



1 They will take anything. If they are told that they  
2 will get high on it, they will take it -- if they  
3 really want to get high bad enough. So, as long as  
4 we are under the impression that we can scare them,  
5 we are dead. I really believe that.

6 Now, I'm the first to agree that  
7 heroin is a completely different ball game here,  
8 because it is a very terrifying product. But as far  
9 as the softer drugs are concerned, marijuana and LSD  
10 and so on, they know, pretty well, the effects of  
11 these drugs. They know the risks they are taking.  
12 But they are willing to take these, so I think scare  
13 tactics don't work. I'm very frustrated with the  
14 legal situation with respect to the drugs in the sense  
15 that for marijuana primarily, because it's on the  
16 Criminal Code list it is very vigourously enforced  
17 by the R.C.M.P. And I must say that I am not in any  
18 way condemning what the R.C.M.P. does, because I think  
19 they have a job to do which is to uphold the Criminal  
20 Code of Canada, but marijuana is not a narcotic in  
21 any sense of the word other than in a legal sense.  
22 It is not physically addicting in the sense that  
23 there are bodily, physiological changes, after its use.  
24 At least, present evidence tends to suggest that.

25 Now, my feeling here is that marijuana  
26 must be put on the Food and Drug control list. I don't  
27 think legalization is the answer either. It must be  
28 put on the Food and Drug control list, and be allowed  
29 for research by research foundations or universities,  
30 and so on. Let's learn a bit about this product, we





1 can't sweep it under the rug no matter how hard we  
2 try. It is with us and we must admit that fact.  
3 So, I think we must take it off the Criminal Code,  
4 put it on the Food and Drug, learn about it, then,  
5 after research has been done on this product, marijuana  
6 and hashish, if after a certain length of time it  
7 can be shown pretty conclusively that this is as safe  
8 as alcohol, then I don't suppose we have a legal leg  
9 not to legalize it.

10 But I, for one, would feel sorry if we  
11 felt we had to legalize it, because safe as it may  
12 be, it is kind of another -- in some instances it is  
13 another crutch along with alcohol and cigarettes,  
14 and I think we are having enough trouble with alcohol  
15 and cigarettes. So, I am kind of split-minded about  
16 my approach to legalizing marijuana. I am very  
17 concerned now that the young person is being given  
18 something which is far more detrimental to his future  
19 in the punishment for possession of marijuana, than  
20 in, likely, what marijuana itself does. I am very  
21 disturbed when kids go to jail for six and nine months  
22 for possession of marijuana; I am very disturbed  
23 that the R.C.M.P. is in a position where they have  
24 to, sort of, search these kids out where kids are  
25 throwing  
found/hashish down the toilet and so on. This is so  
26 frustrating, because what it is really doing is, kind  
27 of, splitting the generations more and more and more,  
28 and kids are becoming more and more frustrated with  
29 the adult generation that seems so preoccupied with  
30 this material and not really preoccupied to the same



1 extent with the user. They are more interested in  
2 the substance, and this is most frustrating.

3 As far as the other legal aspects  
4 are concerned, I think that LSD is where it should be,  
5 it is a controlled thing under the Food and Drug Act.  
6 I think the possession of amphetamines should be  
7 illegal. I think this is one of the very ironical  
8 things about it. I have talked to police force people  
9 here; one instance where a police officer had to  
10 give back 500 capsules of amphetamines to an  
11 individual who had it on his person because there  
12 was no law against its possession. This is ironical  
13 to me because amphetamines are far more potentially  
14 damaging to the individual than, most probably, mari-  
15 juana, and to a lesser extent, LSD. I think that is  
16 all I want to say. I am sorry I rambled a bit.

17 THE CHAIRMAN: Thank you, Dr. McLeod.  
18 Dean Campbell?

19 MR. CAMPBELL: You mentioned early in  
20 your remarks, Dr. McLeod, the presence of contaminants  
21 in the drugs.

22 DR. MCLEOD: Yes.

23 MR. CAMPBELL: Have you been able to  
24 get an analysis of drugs in a satisfactory way, for  
25 you, to the extent you want the analysis of street  
26 samples, or with speed, do you get the analysis?

27 DR. MCLEOD: No. I think the last  
28 comment -- you can certainly get the analysis through  
29 the Research Foundation. This necessitates sending  
30 the drug to Toronto, and by the time it returns we have





1 got something else on the market.

2 No, I must say, this is a  
3 frustrating thing and it is frustrating in the  
4 treatment approach to the young person who may be  
5 semi-conscious under the influence of drugs. You  
6 don't know whether it is the atropine; you don't  
7 know whether it is the strychnine, you know. So,  
8 you are confronted with the situation, you are  
9 trying to treat them as best as you can, not really  
10 sure what they have taken.

11 I must say, I don't become too  
12 involved, myself, in the identification of the drug,  
13 first of all, because they are so quickly in and out  
14 of the community that by the time you have identi-  
15 fication, it is no longer valid. That is the first  
16 thing. And secondly, my personal emphasis is on  
17 the individual, so that when I have a young person,  
18 when I see he's in difficulties, I must say, I  
19 concentrate on him. I let other forces in the  
20 community look after the sources of the drug, the  
21 components of the drugs, and so on.

22 MR. CAMPBELL: It has been put to  
23 us more than once that the clinical approach of the  
24 physician would be made more effective or easier  
25 if he did have access to rapid analysis.

26 DR. McLEOD: Yes.

27 MR. CAMPBELL: Would this be of  
28 significant assistance to you, or is it a matter  
29 on which you would not put a high priority?

30 DR. McLEOD: That's right. It is





1 a matter on which I would not put a high priority.  
2 Because, I think, first of all, we are talking, in  
3 my own experience, for example, in the last year,  
4 we are talking about half a dozen kids who are  
5 sick to the point where they need fairly intensive  
6 medical care. Half a dozen locally, in the Lakehead,  
7 since, say, September. That is the kind of numbers  
8 are are talking. We are not talking hundreds here.

9 DR. LEHMANN: Have you had any  
10 difficulty making clinical decisions because you  
11 did not know what was involved, just on the basis of  
12 symptoms?

13 DR. MCLEOD: Well, usually you get  
14 a pretty good history with the people who bring  
15 them in. To give a local situation here, we have  
16 an excellent Youth Drop-in Centre which kind of  
17 arose out of a pilot project that the City Council,  
18 along with the Board of Parks and Recreation set  
19 up, and now this Centre is manned by counsellors,  
20 young people themselves, and kids who get themselves  
21 into trouble in drugs, who have been on them and  
22 can't, sort of, handle it, get brought to this Centre  
23 usually, and the people at this Centre are very  
24 familiar with the situation and very expertise in  
25 helping these kids out of their trouble.

26 Only when they get themselves to  
27 the point where they feel, "Boy, we had better call  
28 in medical help", do I get called. And at that  
29 point I come in, and unless you are dealing with  
30 a comatose young person, you really just treat the



1 symptoms. You know, if he is very violent and  
2 confused, you sedate him a little bit, if he is  
3 having -- you know, if he is depressed, on the other  
4 hand, then you have to put him on a respirator and  
5 you kind of breath for him. So, it really doesn't  
6 matter to me whether it is primarily the atropine  
7 effect; primarily the, sort of, reaction after  
8 amphetamine effect, really, the thing is, he is not  
9 breathing very well, we had better do something  
10 about it. So, to have a ready analysis wouldn't  
11 likely really change my approach very much, other  
12 than that phenothiazine and I am sure  
13 you have had this told you, can cause a lot of trouble  
14 in these people, because it has an effect which the  
15 drugs themselves can have, which tends to block  
16 nerves, depress respiration, so you tend to get away  
17 from phenothiazines and use things like valium, and  
18 so. And this is what I use primarily, which is a  
19 pretty safe sedating drug, and the main treatment,  
20 I think, with these kids is observation. And this is  
21 what the kids do at the Youth Centre as well, they  
22 just sit and observe them and they talk them down,  
23 and I think it is a fascinating approach.

24 MR. CAMPBELL: Dr. McLeod, you are  
25 being called on to play a non-typical, I suppose,  
26 medical role in the sense of coming to some under-  
27 standing of a rather complex social problem, you are  
28 being called upon to give advice in an educational  
29 area and a great many other areas, which is a role  
30 that is being demanded of many physicians. And, you





1 are fairly recently, I presume, out of medical  
2 school?

3 DR. MCLEOD: 1965.

4 MR. CAMPBELL: Do you feel the  
5 training that you had, either in the medical school  
6 or in your residency, particularly fitted you for  
7 this role? Do you feel that medical education, as  
8 it now is carried on, is an adequate preparation  
9 for the role that society demands of a physician?

10 DR. MCLEOD: No. In a word, "No".  
11 I graduated from a medical school, Manitoba, in this  
12 case, and I interned in Toronto, where, really, it  
13 was a specialist oriented situation. Now, one of  
14 the specialties was psychiatry, and I think this is  
15 where, you know, much of my interest arises, but  
16 it was psychiatry at the specialist level. Nowhere,  
17 really, in my education process was I equipped to,  
18 kind of, handle the first-line problems you meet,  
19 the family problems in the sense of the drunken,  
20 alcoholic husband, the delinquent child, and so on.  
21 No, I must say, this is a difficulty with the medical  
22 process.

23 And, mind you, I sympathize with  
24 educators who try to set up a program just to deal  
25 with these things. I think that part of this is  
26 what you learn in practice. This is why I have  
27 some -- to divert momentarily, some second thoughts  
28 about a residency in general practice, because I  
29 think you get your residency in general practice, in  
30 general practice, and I think if you are an individual



1 who is willing to learn day to day and not to, sort  
2 of, shut the books once you have graduated, that,  
3 I think, that most of this type of feeling comes  
4 with your experience. You feel grossly inadequate  
5 and you read like mad, you go away to seminars on  
6 child and adolescent psychiatry, and so on, which  
7 I have done in the past on several occasions, but  
8 you still feel inadequate. But you find yourself  
9 in a position where you have got to produce, or else,  
10 because you are looked upon to be one who knows  
11 what he is talking about in this or that area.

12 MR. CAMPBELL: Now, in your  
13 general practice, to what extent are you running  
14 across an adult non-medical/<sup>drug</sup>use problem, leaving  
15 aside for the moment, alcohol and -- I am concerned  
16 here not only with adult use of cannabis, although  
17 we are certainly much interested in this, and acid,  
18 but the problems of barbiturates and the amphetamines?

19 DR. McLEOD: Well, if you say,  
20 "non-medical" use, then, not very much in the sense  
21 that most adults, unfortunately, are feeding their  
22 habits by medical use, by using one or more physicians  
23 to get a prescription for their librium or valium  
24 or their sedation, or sort of doctor hopping to  
25 get their amphetamines, their diet pills.

26 MR. CAMPBELL: Perhaps, at this  
27 point, if I could just ask the Chairman, I think  
28 he has got the definition of medical use and non-  
29 medical use. We have tried to get a definition,  
30 and it is a rather tricky point.



1                   THE CHAIRMAN: Well, it's use which  
2 is indicated or justified for generally accepted  
3 medical reasons, whether it is under medical  
4 supervision or not.

5                   DR. McLEOD: Well, that then  
6 broadens the situation, and I would say that a large  
7 percentage of a general practitioner's problem --  
8 practice, is generally involved with a person's  
9 psyche and not their physique, so to speak, and  
10 other than that, there is a tremendous, often, demand,  
11 for tranquillizers, sedatives, and so on. I must  
12 say, in my own practice, I use these agents very  
13 little with adults. I don't prescribe diet pills  
14 at all; I don't prescribe barbiturate, night-time  
15 sedatives, and I guess I have lost patients because  
16 of that.

17                  DR. LEHMANN: Do you prescribe  
18 valium?

19                  DR. McLEOD: Yes, yes I do. But  
20 in my prescribing practice, if I have people on  
21 tranquillizers such as valium, first of all, I keep  
22 my doses down. Secondly, I see them regularly;  
23 I don't renew prescriptions over the telephone.  
24 I say, "No, he can't get any; he will have to see  
25 me first." And then I will try to make an assess-  
26 ment at that time on whether or not I will give  
27 him more; but, yes I do, I prescribe valium and  
28 librium. I must say, those are the primary sedatives  
29 I use. I don't use barbiturates, really, at all,  
30 in the sedating role. I don't use the phenothiazines





1 very much, or the promazines, perazines, stelazines  
2 I haven't found a need to use them.

3 DR. LEHMANN: With regard to librium  
4 and valium, do you run into many who become dependent  
5 on it, because it can cause physical dependence, as  
6 well as psychological dependence?

7 DR. McLEOD: I can't say I really  
8 do, but then we are dividing a fine line here.  
9 What is dependence? If they can't cope with their  
10 daily chores without librium, then is it a physical  
11 dependence or a psychological dependence? I don't  
12 know. I have a small handfull of patients in my  
13 practice who, I find, that there is no alternative  
14 but to keep them on a low dose of valium or librium.  
15 I have to, kind of, accept this, and I think that  
16 many doctors are in the same position. You do what  
17 you can in a counselling position, but then, you  
18 have to admit, that certain people just seem unable  
19 to cope with the pressures we have given them today.  
20 And so, a small number are on small doses of these  
21 preparations.

22 I haven't really found any problem  
23 with withdrawal or, really, kind of, physical  
24 problems which have gotten people into any real  
25 trouble.

26 THE CHAIRMAN: Generally speaking,  
27 Doctor, what are the conditions that you feel make  
28 it necessary to prescribe these moderate doses of  
29 valium and librium, and what is the nature of the  
30 personal difficulty, generally speaking?



1 DR. McLEOD: Well, there is --  
2 that is a sweeping question. There is a variety  
3 of situations where I will use it short-term,  
4 following the death of a relative, where the indi-  
5 vidual just doesn't seem to cope with the grief  
6 reaction. This is, perhaps, one situation. I have  
7 used, although I don't like to use it, but I have  
8 used it in small doses in the post partum. A mother  
9 with a small family, who is just really making a  
10 great mess of things, and I have to be pretty  
11 convinced that she is making a mess of things before  
12 I will use it. The businessman who is under a lot  
13 of pressure, who often, for example -- I can remember  
14 one case of a young man who was moved to a foreman  
15 position, likely over his head, he, really, likely,  
16 couldn't cope with it, and he was really having  
17 one dreadful time. In that instance I gave him  
18 some sedation, along with seeing him regularly, and  
19 I hope to be able to wean him off that.

20 It is very hard to be general here,  
21 because, each case, you sort of judge on itself.  
22 I must say, in my own practice, I prescribe these  
23 things very little, and I tell people, you know,  
24 "There are no real answers for you here, this is  
25 going to do nothing for you. It may <sup>take</sup> the edge off,  
26 but unless you are willing to sit down with me and  
27 look at this situation, you are wasting your time."

28 MR. CAMPBELL: With the barbiturates,  
29 you mentioned people who are getting prescriptions  
30 from a number of physicians, or attempting to, and I





1 presume, also, with the amphetamines. Are you  
2 running into a significant number of people who  
3 become highly dependent on the barbiturates or the  
4 amphetamines?

5 DR. McLEOD: In my own practice,  
6 no, I am not. But then, I am just speaking for  
7 myself here. One thing, I think, you have to accept,  
8 I am a young general practitioner. My practice is  
9 primarily young. People in their middle age and  
10 senior years have become established with another  
11 physician. So that, you know, my experience is  
12 really based around the young person, the teenager;  
13 I have a fair obstetrical practice, pediatric  
14 practice, young adult practice. But, in my own  
15 personal practice, I would say, no, I have very  
16 little contact with someone who is really dependent  
17 on barbiturates, for example.

18 MR. CAMPBELL: What about adult  
19 cannabis use?

20 DR. McLEOD: Well, you know, I think  
21 this is very interesting. I would say that 95%  
22 of cannabis use is by people under the age of thirty  
23 and 5% is by middle-aged, professional males, such  
24 as physicians, lawyers, politicians, etc., etc.

25 But, because this is something they  
26 are not really proud of, nor do they want to have  
27 the public know about it, they are very loathe to  
28 let this be known. But I think this goes on. I  
29 think 5% of marijuana use is by this group, and I  
30 think there are many reasons for it. I think the



1 intoxication of marijuana is a more sedating  
2 thing than alcohol, and, I think, it leads to a  
3 more philosophical approach in the discussion  
4 at hand, than does alcohol, which tends to lead  
5 to an approach which is not really philosophical  
6 once intoxication sets in. But this goes on to a  
7 good extent. We don't hear very much about it.  
8 But, sure, it goes on. I would say 5% of marijuana  
9 use, in the Lakehead itself. But, boy, you won't  
10 hear about this.

11 MR. CAMPBELL: Do you think it is  
12 likely to increase? Is that 5% apt to become 10%  
13 or 15%?

14 DR. MCLEOD: I don't think so.  
15 I think this depends a little bit on the state of  
16 the law. I think, certainly, the respect for the  
17 status of the law at the present time is enough of  
18 an inhibiting factor for this group we are talking  
19 about.

20 MR. CAMPBELL: Would you expect  
21 those of twenty-five years of age today, in five or  
22 ten years to have terminated their cannabis use and  
23 go on to alcohol?

24 DR. MCLEOD: Yes -- not necessarily  
25 alcohol. One thing I say in my talk is, to  
26 try to prognosticate what is going to happen, and  
27 this is very hypothetical, but I would venture to  
28 say that 95% of teenagers on drugs today, by the time  
29 they are thirty, will be off it.

30 The large majority will be off it



1 because it is a fad and a phase, and it is something  
2 that is with us. But the other 5% will take a  
3 variety. A small number will end up mentally ill,  
4 suffering from the -- this is likely the individual  
5 who is pre-psychotic or pre-schizophrenic who has  
6 taken LSD and is not able to cope with hallucinations.  
7 A certain number will kill themselves with amphi-  
8 mines, and they say the life expectancy is five years  
9 whether they die of the drug itself or the compli-  
10 cations.

11 I think a small percent will become  
12 drop-outs of society who will never accomplish  
13 anything, who will be a chronic welfare case, who  
14 will go from pillar to post. And again you can say,  
15 "Is it the drug that did it or the situation?"

16 I think a vast majority of kids will  
17 be off it, because to stop one thing you have to  
18 replace it with something. You can't just say, "Well,  
19 they will stop their marijuana and they will do  
20 nothing else." I think they will go on to something  
21 else, whether it is an academic pursuit, whether it  
22 is alcohol, whether it is a religious pursuit,  
23 whether it is a materialistic pursuit, but, who knows?  
24 You can't just, sort of, end something, without  
25 replacing it with something else.

26 But I am very optimistic. I think  
27 today's teenager is a very exciting animal, and I  
28 think that the progression will tend to be made.  
29 Now, having said that, I think that if heroin comes  
30 in any great numbers -- this is a different ball game,





1 because heroin; as you know, it takes ten years to  
2 become an alcoholic of steady drinking; it takes maybe  
3 ten shots of heroin, maybe two, maybe three, maybe  
4 four. So that this introduces a factor which is  
5 rather frightening, but I'm very optimistic that  
6 our population of drug users in this city are mainly,  
7 primarily aware of this, and I would expect this  
8 problem to stay very small as far as heroin is  
9 concerned.

10 DR. LEHMANN: In view of what you  
11 have just said, Dr. McLeod, why would you not be  
12 in favour of legalizing LSD and marijuana, because  
13 if 95%, in your opinion, will be no longer in any  
14 way concerned with it at the age of thirty, and if  
15 there is not much wrong while they are taking it,  
16 why should it not be legalized?

17 DR. McLEOD: Right. But then again,  
18 there is not much wrong, but there is something  
19 wrong.

20 DR. LEHMANN: During the few years  
21 that they would take it?

22 DR. McLEOD: No. Here, I think,  
23 you have to get back to the reason why they are  
24 taking it. If they are taking it as a fad or as a  
25 thing just to experiment, likely there isn't much  
26 wrong. But there is going to be that young person  
27 who is mentally close to the border, who will take  
28 LSD, and go on a trip and never come down, and  
29 have to be institutionalized.

30 DR. LEHMANN: This, as you said, is



1 a very small percentage, so because of this small  
2 percentage, the law ought to be ---

3 DR. McLEOD: I don't know whether  
4 legalization is the answer or de-emphasizing the  
5 law to the point where we are emphasizing the  
6 individual. Jail is no place for these kids. You  
7 have caught me on the horns of a dilemma here,  
8 because it is not a black and white answer. I don't  
9 think legalization of everything is the answer.

10 My approach is to the individual  
11 user. If he can take this drug and get along with  
12 it, well then, he is on his own. But if he can't  
13 take his drug, if the drug gets him into a great  
14 deal of difficulty, then I go after him as a person  
15 and not as a drug user. I am not a crusader for or  
16 against legalization, because I'm not just sure it  
17 is as simple as that. I think the drugs are a  
18 kind of symptom of a deeper problem, which is one of a  
19 whole deal of emphasis on the young person's part --  
20 an emphasis away from the two-car garage, from  
21 achieving a status, towards a more rewarding kind  
22 of life, or different sets of values.

23 So, whether we legalize it or not  
24 is not that crucial. Marijuana must, I think,  
25 come off the Criminal Code list because the R.C.M.P.  
26 are put in a position where they have to go after  
27 this thing with such vigour that, golly, their  
28 whole emphasis seems to be on this. And the kids  
29 are put into the position where the kids are really  
30 flaunting the law and breaking it to the extent





1 where they can mess themselves up for the rest of  
2 their lives with a criminal record. To that extent  
3 I think it has to be modified. But legalization  
4 does not solve the situation of a kind of lack of  
5 understanding between groups in our society.

6 MR. STEIN: Could you comment on  
7 your view as to the utilization of compulsory  
8 methods of dealing with people who are chronic  
9 drug users? In other words, is there any point  
10 in attempting to treat people, provide them with  
11 assistance, against their wishes or their desires,  
12 or their being motivated for such help? And the  
13 second part of that is, what would such help or  
14 treatment consist of, in your mind?

15 DR. McLEOD: First of all, with  
16 everything but heroin, I would say, no, there is  
17 no place for that approach.

18 MR. STEIN: What about speed?

19 DR. McLEOD: That is a difficult  
20 one, because many of these kids are very happy with  
21 their speed habit.

22 MR. STEIN: I was just wondering  
23 if you were excluding speed.

24 DR. McLEOD: Speed is a borderline  
25 case. I think, first of all, with heroin, I think  
26 you have to do this, force a program on them, because  
27 they are incapable of doing anything about the  
28 habit themselves. With speed, I find that I don't  
29 know whether I can really answer that. I must say  
30 that the contacts I have had with speed freaks, and



1 I have had four contacts <sup>since</sup> September; they have  
2 come to me, they have been brought in to me. I  
3 have had to institutionalize them in each case, so  
4 I have had to, kind of, force therapy on them because  
5 <sup>who</sup> kids/have come down from a long session of speed  
6 are just not very capable of handling the day  
7 to day routine. I guess that is force, yes, I guess  
8 you do have to. I suppose the person who is  
9 mainlining speed, I think you would have to. The  
10 person who is dropping it once or twice a week ---

11 MR. STEIN: What happens when you  
12 do this, in the long run, besides the fact that  
13 they are better able to function?

14 DR. MCLEOD: Well, if you are able  
15 to replace the speed with something, you will  
16 probably have a good chance of accomplishing  
17 something. If you can replace it with, say, a close  
18 bond with yourself, like seeing these chaps once  
19 a week in my office, or whether you can replace it  
20 with a job, or whether you can replace it with an  
21 education program, after you have kind of weaned  
22 them and sedated them; if you can give them some-  
23 thing else, you have a good chance of recuperation.  
24 If you can't, you are dead.

25 And the person who is -- the speed  
26 freak is a very difficult animal to deal with,  
27 because oftentimes there seems to be a personality  
28 type associated with this. The psychiatrists say  
29 that it is a psychopathic personality with a very  
30 flat emotional curve, and reacts with little emotion,



1 tends to be the criminal type and so on. And I  
2 don't think you can quite classify them like that,  
3 but they are a very difficult group to deal with,  
4 because the things which you think are important  
5 to you as an individual and as a member of society,  
6 many of these kids who are on speed just couldn't  
7 care less. So, unless you can find some doorway  
8 to get into this person's interests, you haven't  
9 got a chance in the treatment program. I think  
10 the failure rate, if you are able to get back two  
11 in ten, you would be doing very well.

12 MR. STEIN: To go back to your  
13 comment on heroin, that you feel very certain that  
14 in this area it is necessary to force treatment on  
15 the user, you are probably aware of the fact that  
16 there is very little to indicate that any of our  
17 efforts in this direction of compulsory treatment  
18 for heroin users has been anything but a total  
19 failure?

20 DR. McLEOD: That is right. But  
21 then again, the whole treatment of the heroin user  
22 is a total failure.

23 MR. STEIN: Well, let me go on for  
24 a moment. One area which appears to have -- this  
25 has not been proven yet beyond a shadow of a doubt,  
26 but one area that has shown some signs of being  
27 useful is the area that is parallel, in a way, to  
28 the AA approach in alcohol; Cinenon.

29 DR. McLEOD: Cinenon, and other  
30 offshoots of it.





1 MR. STEIN: Yes, which is a totally  
2 different type of concept. You are familiar with it?

3 DR. McLEOD: Yes. I think it is  
4 like the approach to the alcoholic. It is a kind  
5 of two-pronged thing. A small number will suit a  
6 program such as Cinenon, but the teenage user --  
7 Cinenon, at the present time, is mainly an adult  
8 junkie, as far as my sources tell me, and I am  
9 speaking second-hand here. Mr.(inaudible) from  
10 the Research Foundation is much more knowledgeable  
11 in this area. But he tells me kids are not coming  
12 to Cinenon. This is an adult junkie situation.  
13 And he is of that opinion, and I guess I'm really  
14 just saying what he is saying. And he has worked  
15 in New York in some of the clinics down there, and  
16 he says the situation is, you have to take them  
17 almost bodily into these things and sedate them  
18 through withdrawal. I'm not really too qualified  
19 to make comments here, I am talking off the top of  
20 my head.

21 The Cinenon approach, he is saying,  
22 is working with a small amount of adult junkies,  
23 but teenagers are not quite ready to seek this out.  
24 He feels you must be a bit more punitive, just in  
25 the initial stage, and then, once you have sedated  
26 them through withdrawal. He feels at that point  
27 you have to be a little bit punitive, and then  
28 once you have gotten them through that, you go into  
29 group sessions where you let them all get together  
30 and, kind of, go at each other. And then, at that



1 stage, he says, it is an open situation, not a  
2 closed situation where the kids are not free to  
3 come and go. But he says, for the first little  
4 while, he feels you have to be kind of hard on them.

5 We are talking about such a small  
6 number of retrievable individuals so I don't know  
7 whether I am a good person to talk about that.

8 THE CHAIRMAN: What opinions have  
9 you formed about multiple drug use, Dr. McLeod, in  
10 your observations; if there are relationships, if any,  
11 between the hypothesis that there might be some  
12 progression from drug to drug, some sort of, almost,  
13 contagion theory -- what is your own feeling on this?

14 DR. McLEOD: My own feeling is  
15 twofold here, and this comes up and I am asked,  
16 "Does marijuana lead to heroin?" I think that boils  
17 down to the individual and why he is taking his  
18 drug. If he is taking his drug just to get high  
19 and not because it is a social thing he wants to do,  
20 but just get high, and getting high is the whole  
21 experience, and if he gets higher on speed than  
22 marijuana, and then, on heroin than marijuana; then,  
23 if the stuff is available, there is a good chance,  
24 I suppose that he will go on to it, if his moti-  
25 vation is solely to get high, and he doesn't care  
26 what happens.

27 But if his motivation is one of,  
28 kind of belonging to a group and socializing with  
29 other people, then, I think, the risk is very small.  
30 Of the multiple drug use, LSD, amphetamines and





1 marijuana -- at least LSD and marijuana, are used  
2 a lot by drug makers, back and forth, and so on.  
3 Amphetamines to a slightly lesser extent, because  
4 kids are a little more leary about that. But I think,  
5 in the majority of cases, one does not lead to the  
6 other beyond those three, but if the individual  
7 is looking just to get high and he doesn't care of  
8 the consequences, as long as he gets high, then  
9 he can become convinced by a pusher that he can get  
10 higher on heroin, and I would think you would have  
11 to say this is a chance, and because a taker is a  
12 taker is a taker, you know.

13 I must say, in my own experience,  
14 we have been fortunate here that we haven't  
15 run into this problem in the Lakehead. Now, the  
16 word is out that heroin is going to be here this  
17 summer. I am very kind of anxious about this whole  
18 situation, to see how it goes. Quite frankly, I  
19 have a lot of confidence in our young people here,  
20 and I am not really concerned in terms of volume,  
21 but I suppose it is fair to say some will get caught.

22 DR. LEHMANN: Meaning, by "a lot of  
23 confidence", you have a lot of confidence comparatively  
24 few will just be out for the high?

25 DR. MCLEOD: Right.

26 DR. LEHMANN: Is there any way of  
27 spotting those? This motivational group?

28 DR. MCLEOD: Not unless you are  
29 one of the group; not unless you move in the circle  
30 itself. An outsider couldn't spot this. I don't



1 consider myself one of the group and I don't consider  
2 myself an outsider. I am in a nice position where  
3 I am sort of, halfway. But no, I don't think you  
4 can spot this, I really don't. I am sure that the  
5 kids who are in the group, that know their friends  
6 well, can be a little bit leary that their buddy  
7 is really liable to get himself into trouble, but  
8 I don't think that the authorities or anybody can  
9 spot this.

10 THE CHAIRMAN: Well, in terms of  
11 the causes that you listed, Doctor, what are the  
12 factors most closely associated with the motivation --  
13 with the desire simply to get high? Where does that  
14 kind of personality, that motivation, fall in the  
15 list which you gave us?

16 DR. McLEOD: Well, that really  
17 didn't fall in that list. I think, because, maybe  
18 the desire to get high is an outgrowth of any one  
19 of the other areas there, the outgrowth of maybe  
20 trying to escape, the outgrowth of trying to learn  
21 something about yourself. So that this is a  
22 potential kind of secondary influence the drug has.  
23 Initially, it is taken for the reasons I have  
24 mentioned. The reason just to get high. Then,  
25 comes the kind of drug experience, and the  
26 individual, and so on. I must say, I haven't classed  
27 that in that classification, this is just a rough,  
28 few points I kind of felt are real.

29 But the desire to get high likely  
30 comes at a later stage in the game, I think.



1 DR. LEHMANN: Many drug users have  
2 told us, not to look very far, but they simply take  
3 the drugs they take because it is fun, and that's  
4 all there is to it.

5 DR. MCLEOD: Right. They enjoy it.  
6 And I think that is the main reason why the kids  
7 take it here; they like it.

8 DR. LEHMANN: Well, if that is so,  
9 they do it because many kids want to get the high,  
10 and you just said you think it is a very small  
11 percentage, because they would be at risks then,  
12 wouldn't they?

13 DR. MCLEOD: Yes. But having got  
14 the high, they feel better in the sense that they  
15 are able to communicate better with their friends.  
16 They are able to socialize better, they are able to  
17 feel more relaxed in a group setting. In that sense,  
18 it is not just solely the high. But the young person  
19 who is mainlining amphetamines, he will often want  
20 to get high because being down is not being very  
21 comfortable when he is down. When he is down, he  
22 is very upset and he is very anxious, and so on.  
23 So, he wants to get high to feel better.

24 I can see your point, and I can see  
25 where I'm working myself into a corner here. I don't  
26 think it is as simple as just trying to get high,  
27 there are reasons to try to get high. But those  
28 kids who are just looking for a real high experience, not  
29 just to be kind of free and easy, to be relaxed,  
30 I think would be more prone to getting into a heroin





1 difficulty. You know, there are grades of high,  
2 and I am not one to say what is what.

3 THE CHAIRMAN: Well, what -- can  
4 peer group influence have an effect on multiple  
5 drug use? I notice that you classify the wanting  
6 to belong as one of the more benign motivations,  
7 and less likely to lead young people into trouble  
8 with the drugs.

9 DR. McLEOD: In terms of numbers,  
10 yes.

11 THE CHAIRMAN: In terms of numbers?

12 DR. McLEOD: Yes.

13 THE CHAIRMAN: Is it possible that  
14 one can be faced with a peer group influence which  
15 is a kind of a challenge: to dare, to  
16 not be "chicken", and is that operating, in any way,  
17 in influencing the development of multiple drug use,  
18 in your experience?

19 DR. McLEOD: Whether it is multiple  
20 drug use, I don't know, but drug use, yes. This is  
21 a potential danger in that there is this desire to  
22 belong, and I sort of, then, class this not just in  
23 peer group pressure, as, kind of, escaping your  
24 insecurities. So, I can sort of think of that in  
25 terms of escaping, a little bit. You want to belong  
26 badly, it is important for you to belong, there  
27 must be some reason for you to belong here. Why is  
28 this group so important to you? And then we get  
29 into a whole new area of need.

30 But, this, as I see, is a potential



1 danger. It is interesting that the largest number  
2 of drug users are male. The largest number that  
3 get themselves into trouble are female, which does  
4 indicate this being "led into" as a potentially  
5 fairly hazardous proposition.

6 THE CHAIRMAN: In your opinion,  
7 is there any stronger factor, more important factor  
8 for drug use than peer group opinion?

9 DR. McLEOD: For the vast majority,  
10 no, I don't think so. I think it is just a desire  
11 on one's part to belong to the society.

12 THE CHAIRMAN: Would you like to  
13 come to the microphone, please?

14 THE PUBLIC: Yes. In conjunction  
15 with what you are saying there, you are saying that  
16 the drug user, or the person who is going to become  
17 a drug user, wants to belong to the peer group.  
18 Fine. That is one side. Now, what about the other  
19 side, about where people are ready, the users of  
20 the drug trying to give the experience to someone  
21 else?

22 DR. McLEOD: But that is trying to,  
23 really, share an experience with someone that you  
24 think a lot of. If you are trying to sell your  
25 experience to another person, and if that other  
26 person is willing to buy it, then that other person  
27 respects you and says to you, "If you enjoy this,  
28 then there must be something in it, because I respect  
29 you." So, I think that we don't need to divorce  
30 it away. I think he would have an interest in taking





1 on that experience because you have said it is a  
2 good experience and you are a good guy.

3 THE PUBLIC: Well, you could say  
4 the experience is bad or good, but it depends on  
5 your personality.

6 DR. McLEOD: Right.

7 THE PUBLIC: And so the person who  
8 is about to be brought into this new subculture  
9 is fully aware of the circumstances, and then he  
10 goes into it.

11 DR. McLEOD: That's right; that's  
12 right.

13 THE PUBLIC: But there is no peer  
14 group pressure.

15 DR. McLEOD: No, but the pressure  
16 of attraction. No, I agree with you. I'm not  
17 saying the peer group is saying, "Now, look, you  
18 must do this to belong." I agree. I'm not saying  
19 this. But the pressure of attraction, he is  
20 attracted to this group, there is something in this  
21 group that he is attracted to, and I'm not saying  
22 the drug thing is the thing he is attracted to, but  
23 the drug group taking is part of the experience, and he is  
24 interested in this whole group experience, and if  
25 drug taking is a part of it, this is something he  
26 is willing to become involved with. I'm not saying  
27 one drug user is necessarily pushing another drug  
28 user to take drugs. Don't misinterpret me, but  
29 kids are interested in becoming involved in all  
30 aspects of that group that he is interested in



1 joining and this is one of the aspects, this is  
2 what I am saying. So, I agree with you. I am not  
3 saying that there is any great pressure to take  
4 drugs. If you want to belong, you have got to take  
5 the drugs; I'm not saying that. But there is a  
6 subtle pressure, and this group appeals to him  
7 for whatever reasons, and what aspects the group  
8 may be involved in, at one time or another, is drug  
9 taking, but I don't think that is the primary  
10 motive for joining the group. I think he joins the  
11 group because he likes the way the group thinks and  
12 acts and lives.

13 THE PUBLIC: He wouldn't know,  
14 because he wouldn't have experienced it, first of  
15 all.

16 DR. McLEOD: He knows through the  
17 experiences of others, and he knows through seeing  
18 others in action. But he is curious and he wants to  
19 get in.

20 THE PUBLIC: Those would be value  
21 judgments on his part, until he experienced it  
22 himself.

23 DR. McLEOD: Precisely.

24 THE PUBLIC: And so he would be  
25 willing to go into it himself.

26 DR. McLEOD: Because he wants to  
27 belong, because he thinks there is something in that  
28 group that has appealed to him at some stage. If  
29 there was nothing about the group that interested  
30 him, I don't think you would get him into it. So,



1 he may not know all aspects of the group's activity,  
2 but there is something about the group that appeals --  
3 there must be, or why would he be doing it? Why  
4 would he be interested?

5 THE PUBLIC: The group could be one  
6 aspect of it, yes, but, like you said, some people  
7 may want to find out about themselves.

8 DR. McLEOD: Right.

9 THE PUBLIC: And so they indulge  
10 in the use of drugs, so that they can find out more  
11 about themselves.

12 DR. McLEOD: I said this is a reason  
13 to learn about oneself, I outlined this about why  
14 you take the drugs, that you want to, kind of,  
15 expand your experience.

16 THE PUBLIC: But that is not  
17 necessarily in a pressure.

18 DR. McLEOD: But I classed that in  
19 my little classification, and that was another reason  
20 I gave. I said pressure was one, and increased  
21 awareness of self is another, and with a few kids,  
22 it is escape. This is all I have really said.  
23 So, I agree.

24 THE PUBLIC: All right. Thank you.

25 THE CHAIRMAN: Doctor, I think we  
26 should release you.

27 Thank you very much for your  
28 assistance.

29 DR. McLEOD: I am sorry I am so  
30 verbose.





1 THE CHAIRMAN: Oh, no. You were  
2 very helpful to us.

3 I call now on Mr. Armand Dannis.  
4 I hope I have pronounced that correctly. He is the  
5 Guidance Officer of the Westgate High School.

6 Am I right that you have a French  
7 name, like me, that is pronounced in English, Mr. Dannis?

8 MR. DANNIS: If you are in the east,  
9 you pronounce it in French, and in Thunder Bay you  
10 pronounce it in English. Thank you.

11 I might just say that my involvement  
12 in this particular area is because of a relationship  
13 in a number of categories. I am a secondary school  
14 counsellor and I have been involved in the training  
15 of school counsellors for the Department of Education  
16 in group counselling, and at present I am a member  
17 of the Advisory Committee of the local Drug Addiction  
18 and Research Foundation. So that my involvement in  
19 the field comes from work with students, and work  
20 with the Foundation itself, and an interest in  
21 training school counsellors and informing adults  
22 of, maybe, what some of the problems are with these  
23 particular commodities.

24 I will relate primarily to a text  
25 and possibly elaborate on it, as I go. The  
26 following ideas, however, are the ideas of personal  
27 contacts that I have had with adolescents and youth  
28 who have used these mood-changing drugs. I am not  
29 here attempting to moralize on this issue, I do not  
30 want to get involved with the legal aspects, nor the



1 right or wrong of the involvement.

2 My concern, as a school counsellor,  
3 has been more with the results induced by such  
4 involvement, and, therefore, I have attempted to  
5 understand some of the reasons why young people  
6 in our society seem to be attracted to the commodities.  
7 So, I am going to deal primarily, then, with -- not  
8 exhaustively, but some of the questions, I see, why  
9 we arrived at this point in time where young people  
10 today are using these particular commodities.

11 I have found that I have had some  
12 success in discussing these particular topics with  
13 groups and individuals, as to why people are drawn,  
14 pushed, or desire the involvement or effect of  
15 mind-expanding drugs. It is with this desire to  
16 share some of these personal opinions and observa-  
17 tions that I have agreed to make this presentation.

18 While there are many factors  
19 involved in each individual's decision to become  
20 involved with drugs, and I do not remove this, it is  
21 important for my approach anyway, I do not remove  
22 the final responsibility for this decision from  
23 the individual.

24 I would like to present three  
25 main topics for discussion.

26 The first deals with the self-worth  
27 and equality of man. I submit, and this is not  
28 unique to my approach, that all men, all of us here,  
29 have two basic needs; one, to feel worthwhile; the  
30 other, to be loved. These two are inseparable, for





1       one magnifies the other.

2                       Now, as a Christian, this approach  
3       is not unique to Christianity. I find my self-worth  
4       in recognizing I am a creature of an omnipotent  
5       being, created out of love. This, supported by  
6       meaningful relationships with other human beings,  
7       satisfies my basic needs.

8                       Thus, there is an equality among  
9       men which is intrinsic to our nature.

10                      Now, the American Bill of Rights  
11       makes mention of this, but today confusion exists  
12       because of democracy's emphasis on the rights of man.  
13       They do not deny that we are equal, but there is an  
14       emphasis in the democratic society on the rights of  
15       the individual. Thus, we tend to forget about  
16       equality and the nature of man, and emphasize the  
17       individual's rights. I do not deny these rights, but  
18       if all one hears is what he is entitled to, he may  
19       soon, because of his basic needs, be saying, un-  
20       consciously or otherwise, "You must love me because  
21       of my rights." Thus, follow such questions as,  
22       "What's in it for me?", "What am I risking?" and  
23       "Why should I get involved?" These are problem areas  
24       which we have seen very prevalent in our present day  
25       society.

26                      Now, another document agrees that  
27       all men are equal, and states "for each, according  
28       to his talent, to each, according to his need." Of  
29       course, this is a Communist manifesto, again accepting  
30       that all men are equal. It is then legislated that



1     you must love everyone.

2                     Again, however, problems appear,  
3     particularly arrogance on the part of those with  
4     talent, and the fear that each is not getting his  
5     share. I have travelled behind the Iron Curtain and  
6     I have seen this type of class distinction, based  
7     on talent, which becomes very important in a society  
8     where you talk about this equality based on need.  
9     An attitude may develop which makes such statements  
10    commonplace, as, "I have my own problems", or "We  
11    want our share." I do not exclude these ideals  
12    geographically, I think they are prevalent in our  
13    societies here, even Thunder Bay.

14                    I do feel that youth is rebelling  
15    in these attitudes, and that in their idealistic way  
16    they are showing our lack of commitment. They are  
17    not afraid of saying, that, "I must love you," and  
18    this is on an individual basis," for we share the same  
19    nature." Our university campuses in North America  
20    are living proof of this commitment of selflessness,  
21    and yet the Establishment continues to interpret  
22    their behaviour as selfishness and ingratitude.  
23    This interpretation is understandable, for in a  
24    materialistic society we have confused those qualities  
25    by which we have obtained individuality, as being the  
26    qualities by which we gain self-worth.

27                    Thus, in our society, physique,  
28    athletic prowess, talent, academic achievement, and  
29    possession are being used as criteria for determining  
30    an individual's worth, when, in effect, they are



1 only pointing out our individual differences and our  
2 uniqueness as individuals. Understanding this, I  
3 not unduly upset when a student makes that hopeless  
4 plea, "I wish I could be best at something." And  
5 this is the feeling of many young people today.

6 Secondly, I would like to deal with  
7 the sense of failure. If an individual must gain his  
8 self-worth through achievement, and yet finds himself  
9 limited by talent, ability, physique, economic status  
10 race or colour, the sense of failure and despondency  
11 may prevail. If this failure is acknowledged and  
12 supported or sustained by a society or system, this  
13 despondency may grow to despair and frustration.

14 Now, briefly, I would like to refer  
15 to a text. In his book here, "Schools Without Failure"  
16 Dr. William Glasser, the author of, "Reality Therapy"  
17 points out many areas where educational systems have  
18 contributed to this frustration by their lack of  
19 relevance, their lack of education, and generally  
20 accentuating the negative by saying, "How wrong you  
21 were", rather than, "How right you were."

22 "Schools Without Failure" was  
23 preceded by educational reports in Scotland and  
24 England, and in Ontario, which dealt with many common  
25 areas of concern. However, if a student arrives at  
26 that point in time when he feels he can no longer  
27 complete, for his self image and worth are suffering  
28 from consistent failure, it's not unusual for him,  
29 as the adult's counterpart, to seek a way to rebel  
30 or to escape.





The third and final area, is the evolution of love from protection to trust in the family. This third area is the normal development, or loving relationship which takes place within the family between the parents and their individual children. We can all recognize the evolution of love from protection of a young child to trust as he approaches his maturity. If this process does not evolve quickly enough, or if it does not evolve at all, by the time a child enters adolescence he is likely to rebel, and one method of doing this is by taking drugs.

Similarly, if parents abdicate their responsibility too early or place too much responsibility on the child at an early age -- and we have examples of one-parent families, or absentee parents, both parents working, the individual child may interpret this as being, "They don't care." In his loneliness he may seek the comfort of an accepting group which have, as their common bond, a desire on the part of the individual members, to fulfil their own needs. Groups of this nature, which are often quite parasitic, have been known to experiment with drugs and with the drugs in question.

Now, as I mentioned in the introduction, the above is in no way meant to be an exhaustive presentation. Many points could have been and have been elaborated upon in many other texts and incidentally, by other people here today, and by other people I'm sure you have listened to.



1                   However, disenchantment with our  
2 society, frustration, despair, rebellion and lone-  
3 liness, can lead to the illicit use of drugs. We  
4 must be concerned about the non-medical use of drugs,  
5 but at the same time realize that in the context of  
6 this report, this paper, drugs are not the problem  
7 but only symptoms of deeper ills.

8                   I would like to leave it at that.

9                   THE CHAIRMAN: Thank you, Mr. Dannis  
10 Is it Mr. Dannis (D-a-n-e-e) or Mr. Dannis?

11                  MR. DANNIS: Here it is pronounced  
12 Dannis.

13                  THE CHAIRMAN: Dannis. Thank you  
14 very much.

15                  I was very interested in what you  
16 said about creating a sense of failure. One of the  
17 problems, it seems to me, is that our society does  
18 present challenges in the competitive form, or, at  
19 least, it makes judgments about win and loss, and,  
20 for example, in my profession, the very essence is  
21 that someone wins and someone loses in Court, and  
22 not only that, but it is done publicly, and there is  
23 the third person who tells you why you lost, a value  
24 you perform by implication. So, it puzzles me how  
25 we can avoid this impact on the individual sense of  
26 achievement or adequacy and the professional who  
27 must take his losses philosophically, and, if he  
28 has done his best, is content, and sometimes he  
29 cannot always do that, unfortunately.

30                  So that while I can appreciate what





1 is being said about the competitive aspects of  
2 our education system, for example, appreciate this  
3 criticism. At the same time I feel uneasy about the  
4 life in society in which young people have to go  
5 and take their place to meet these challenges.  
6 And, as an educator, I am concerned about the  
7 appropriateness of the formation we give them,  
8 and, are we going to perform a service, and are we  
9 going to be constructive and helpful by minimizing,  
10 and possibly, trying to eliminate the competitive  
11 aspects of education, the grading, for example, the  
12 judging, when they are going to go out into a society  
13 in which they are going to receive a lot of such  
14 judgment in one form or another. And I don't know  
15 if one can foresee how it can be profoundly changed.  
16 There might be greater emphasis on co-operation.

17                   You are an educator; you are concerned.  
18 What do you feel about this?

19                   MR. DANNIS: Well, if I might inter-  
20 pret in your question a sense of concern which is  
21 shared not only by educators, but by a lot of parents,  
22 and this is, if we attempt to eliminate this failure  
23 from our system, or lack of success, that we are  
24 going to destroy the free enterprise, or the com-  
25 petitive type of system. And, I agree, but it is  
26 not in my interpretation of either Hall Dennis or  
27 any of the other documents in the field of education,  
28 that we are to remove the student from the experience  
29 of failure. I would rather we use the term, "the  
30 experience of lack of success", but it is when this



1 failure is equated to an individual's concept of  
2 his worth, maybe this is where we have ignored  
3 theology or theological discussion too long, and  
4 maybe, in an existentialist type of development in  
5 our society, we are creating these types of problems.

6 If an individual can feel that he --  
7 if you wish to choose it from a humanistic point of  
8 view, because he is a human being. I often have made  
9 presentations to groups of adults and groups of  
10 students, using the example that if you are walking  
11 down the street and a person ran out of a building  
12 saying that "the building is on fire, there is someone  
13 trapped in there, would you please help me?" do we  
14 stop to say, "Well, wait a minute now, how old is  
15 this person, how much money do they make, were they  
16 kind to their neighbours?", and etc., etc. If we get  
17 enough negative answers, then "let's have a barbecue,  
18 let's wait till he is well done, we'll pull him out,  
19 you take an arm, and I'll take a leg." They laugh at  
20 this, and then they decide that maybe there is that  
21 common thread which ties us all together as being  
22 equal, and that, while this is rather an outlandish  
23 example, this type of thing has happened in our  
24 society in larger cities where -- a tragic example  
25 was, I think, a case in Montreal where a young  
26 woman was stabbed to death in front of "x" number  
27 of witnesses and no one wanted to get involved.

28 DR. LEHMANN: In New York.

29 MR. DANNIS: In New York, yes.

30 You must be from Montreal.



1 MR. CAMPBELL: It could happen in  
2 Montreal.

3 MR. DANNIS: But what I mean is,  
4 what we have to do is not eliminate failure or lack  
5 of success from our educational system, but it is  
6 the emphasis we put on failure. Johnny is only  
7 worth 50%. You have four things wrong, not, you  
8 have twenty-five right, but, you have four wrong.

9 And it is, I think, with this  
10 approach, philosophy in education that, I think,  
11 once we understand what we have been doing in the  
12 past, that, I think, maybe we can begin to undo some  
13 of these things.

14 MR. STEIN: I am interested in  
15 pursuing this for a moment. I am interested in the  
16 way in which you referred here to Glasser. What,  
17 in a nutshell, is his thesis, because I am familiar  
18 with Reality Therapy, and certainly, there is  
19 a sense in that approach to working with people,  
20 a very clear-cut evaluation is made, and a very  
21 direct kind of evaluation is made from the point of  
22 view of the counsellor, as it were, of the person.

23 I should also add, my biases lead  
24 in that direction, from my own previous experience  
25 in Corrections, that this makes more sense. But,  
26 at any rate, what is his contention here, is it that  
27 schools ought not to have this failing experience,  
28 or that they ought not to be, in the mind of the  
29 persons ---

30 MR. DANNIS: No. In his book,





1 "Schools Without Failure", he is very concerned  
2 about the emphasis on the attitude towards failure.  
3 In incorporating the ideas of Reality Therapy into  
4 the school setting, he does say that, possibly in  
5 grades K to 6, students should not fail, as we have  
6 know them in the past. That does not mean that they  
7 should only meet with success, but they should be able  
8 to move from the K to 6 as a continuous type of  
9 program. But, beyond that, he says that a student  
10 must also accept the reasonable consequences of any  
11 of his own actions, and the suggestion in the type  
12 of recording that we do in schools beyond grade 6,  
13 and particularly at the secondary level, he suggests  
14 that our records would not show failure but only  
15 successes; that a student who one year completes  
16 five subjects would have five subjects recorded,  
17 and the next year, if he completed three, then only  
18 three would be recorded in his permanent record.  
19 Then he would have one opportunity to attempt again  
20 at these subject where he has not been successful --  
21 not "failed," but "has not been successful." And if  
22 he is not successful the second time, that he must  
23 submit his request before a panel of educators to  
24 continue on.

25 So, he is applying the reality  
26 therapy concept.

27 Now, I do not accept Glasser's  
28 philosophy in total. He, too, deals with the two  
29 basic needs of man, the need to feel a sense of  
30 self-worth, and the need for love. He also says



1 this exists in all of us. It exists in every society,  
2 it's just the way we find it that is different. But,  
3 I do not eliminate, personally, the theological point  
4 of view. In Glasser's area, you must have meaning-  
5 ful relationships to develop this concept of self-  
6 worth. I say it is there intrinsically. It is in  
7 their nature, that we are equal, that the things  
8 that separate us have nothing to do with your or  
9 my worth as an individual, but only our uniquenesses  
10 as individuals.

11 Now, this is the type of concept  
12 that I approach to it. And it is the concept that  
13 is basic to Christianity or Judaism or many other  
14 of the religions in the world.

15 THE CHAIRMAN: Is that an operative  
16 thing, the conviction of self-worth based on equal  
17 enjoyment of the parenthood of God? I mean, is this  
18 an operative thing among modern people? Is it real,  
19 in other words? Is it working? Can it work?

20 MR. DANNIS: Can it work? Yes.  
21 The speaker, Dr. McLeod, mentioned you must replace  
22 some of -- if the student is replacing, or a young  
23 person, and I refer to student because this is my  
24 contact, you must replace this with something, and  
25 he did say this may be a meaningful relationship  
26 between him and the person he is dealing with.  
27 is not -- I would think it would be a very serious  
28 mistake, with anyone who had this kind of conviction  
29 to push it down someone else's throat. It is  
30 operative insofar as I say I believe it and I found





1 great deal of happiness, security, in it, and if  
2 you want to believe it, fine". At the same time,  
3 I can approach it humanistically and say, in this  
4 pyramid of all beings, we have a man at the top.  
5 And doesn't that make him something special? I  
6 can use examples such as, why would you get concerned  
7 watching a child starve to death, after sitting  
8 and watching it on T.V.? Is there some thread that  
9 ties you together? You don't know that person".  
10 I think there are enough examples. And all I say  
11 is that I believe this, and if another person wants  
12 to use this approach, then it is their decision.  
13 I am a great believer in the rights of individuals  
14 to make these decisions. I am very (Legerian) in  
15 my approach to counselling, as well as Glasserian

16 MR. STEIN: It is really an  
17 intriguing combination, and I don't know how you  
18 pull it off.

19 THE CHAIRMAN: Does the relationship  
20 here lead up to what Dr. McLeod was saying, about the  
21 parents, make-up of the children, and what we are  
22 talking about here basically is the feeling of--  
23 unconditional acceptance by the parent of his child;  
24 and is this the nature of the belief in God that  
25 you are talking about, and the person's self-worth  
26 then should be reflected in the eyes of the family;  
27 parent-child relationships?

28 MR. DANNIS: I think there are a  
29 lot of factors involved in your question, and I am  
30 not sure I can discriminate them myself. Let me



1 say this: First of all, in the educational system  
2 itself, one of the things that we have really not  
3 done is educated people for that role which is more  
4 common to all of us than any, and that is parenthood  
5 and marriage. The acceptance of a child -- problems  
6 develop in the family, in the love-trust relation-  
7 ship, problems can develop over the parents' concern  
8 for the child, and much was said here earlier. If  
9 adults say, "Well, what can I do, in the family,  
10 which is going to enhance or help my child?", I have  
11 to say what I said earlier, "Listen". And as a  
12 counsellor, this is one of the key things I have  
13 to be constantly aware of myself, and in training  
14 counsellors, emphasize over and over again to these  
15 people that, as a teacher, we think we are quite  
16 expert at quite a lot of things, but when we get  
17 into the counselling role, we have to become the  
18 pupil and we have to listen. And if there is any --  
19 I am not sure I am answering your question, but  
20 in the parent-child relationship, the key thing  
21 is listening, and it starts right from, you know,  
22 a very early age.

23 THE CHAIRMAN: Dr. Lehmann?

24 DR. LEHMANN: If you carry this  
25 through to its logical conclusion, you close this  
26 circle, then you would have to, in your guidance  
27 work, take it up with <sup>the</sup> younger generation and say,  
28 "Well, instead of constantly making a point of how  
29 your parents have failed in communicating with you,  
30 in understanding you, in listening to you, and so on,



1 | they have equal worth just because they are human  
2 | beings and they are your parents, and you have to  
3 | deal with them on that basis?" Do you do this or do  
4 | you think it is kind of a unilateral type of thing?

5 |               MR. DANNIS: No, this is the beauty  
6 | of becoming involved in this type of thing, this is  
7 | where I get much of my satisfaction. In fact, more  
8 | and more of my counselling is being done particularly  
9 | in problem areas with the family involved, where  
10 | the people are able to see, the students are able  
11 | to see that they are the ones that are going  
12 | through this drastic change, that they are the ones  
13 | that are experiencing, and they become understanding,  
14 | possibly, of the background and the humanity of  
15 | their own parents. They become much more accepting  
16 | to situations.

17 |               I had a rather interesting  
18 | experience recently of a girl who ran away from  
19 | home because of a very frustrating situation. She  
20 | had with her parents to the point where they were  
21 | willing to do anything. She had them wound around  
22 | her finger. And when I asked her, "Okay, now your  
23 | parents are willing to listen." This was the key,  
24 | they were willing to listen. "So, what would you  
25 | suggest I recommend to them to change to help you  
26 | in the home? You seem to <sup>feel</sup> / very hard done by."  
27 | And she thought for a moment, and she said, "Nothing,  
28 | they are now listening." You know. So, we do,  
29 | though, spend a considerable amount of time  
30 | explaining to the children. Not explaining, but





1 asking the children, "Tell me about the background  
2 of your parents. Where do they come from?" I think  
3 the fellow who couldn't understand why his father  
4 was so authoritarian and placed such an emphasis  
5 on material goods -- until he explained to me that  
6 during his father's youth he was in a concentration  
7 camp in Poland, and all of a sudden -- he now under-  
8 stood his father.

9 DR. LEHMANN: You still have a  
10 condition, namely, that they must listen. But if  
11 you transferred this concept of Schools Without  
12 Failure and if one doesn't fail in grade six, one  
13 just isn't successful. Parents don't fail, they  
14 just aren't successful in communication, and the  
15 kids should help them then to become more  
16 successful by listening to them.

17 MR. DANNIS: I don't think any  
18 school counsellor would deny that particular  
19 objective as part of his role. That is part of  
20 our activity.

21 THE CHAIRMAN: Are there any  
22 other questions, or observations?

23 Thank you very much, Mr. Dannis.

24 I call now on Professor Mort  
25 Greenwood, Associate Professor of Anthropology  
26 at Lakehead University. Is Professor Greenwood  
27 here?

28 I am sorry, it is "Martin". He  
29 is not present.

30 Well, in that case, unless there



1 is something that someone would like to say at  
2 this point, I think that I will declare the  
3 hearing adjourned until 2:30 in this room.

4  
5 --- Upon recessing at 11:55 a.m.

6 \* \* \*

7  
8 --- Upon resuming at 2:30 p.m.

9 THE CHAIRMAN: Is Dr. Assimi here?

10 THE PUBLIC: He is coming.

11 THE CHAIRMAN: Is Professor Greenwood  
12 here?

13 THE PUBLIC: We have not seen him.

14 THE CHAIRMAN: No? He was scheduled  
15 to appear before us this morning, and I was just  
16 wondering if he was planning on coming this after-  
17 noon.

18 I will call the hearing of the  
19 Commission of Inquiry into the Non-Medical Use of  
20 Drugs to order. I will call upon Dr. Assimi,  
21 Associate Professor of Sociology at Lakehead Uni-  
22 versity.

23 Dr. Assimi?

24 THE PUBLIC: I saw him just a moment  
25 ago.

26 THE CHAIRMAN: Right. We will wait  
27 for him.

28 Dr. Assimi, would you like to begin?

29 DR. ASSIMI: Members of the Commission,  
30 ladies and gentlemen present. When I was asked to





1 come here and be a witness, I accepted the invitation  
2 with the clear awareness that I am not an expert  
3 in this field. I happen to have a professional  
4 interest in this area because I am a sociologist  
5 and all forms and types of social behaviour are my  
6 concern. However, I must repeat again that I do  
7 not claim expertise. The justification that I have  
8 for speaking is merely this; that over the last two  
9 years I have been involved in a survey of teenage  
10 behaviour, including drugs and drinking. This  
11 survey has covered northwestern Ontario from Marathon  
12 to Kenora, with a sample of 2,500 teenagers drawn  
13 from eight major communities in the region.

14 The survey points out a few facts  
15 which I would like to go over now in order to  
16 describe the nature and the extent of what is or has  
17 been described as a problem now. Certainly, when  
18 I use the word, "problem", I am not using it in a  
19 moralistic or even a legalistic sense. For a sociolo-  
20 gist, a problem is any part of human behaviour that  
21 needs explaining, and that is the meaning I am  
22 attaching to the word, "problem".

23 Now, this survey shows that up to  
24 13.5% of our teenagers in our northwestern communities,  
25 northwestern Ontario communities, tried drugs at  
26 least once --drugs, of course, including the depres-  
27 sants, the stimulants, the hallucinogens and mega-  
28 hallucinogens, STP, as it is sometimes referred to --  
29 13.5% at least tried once; that is, drugs; 10.5% tried  
30 glue sniffing. Of those who have not yet tried,



1 between 16 and 17 percent indicated that they would  
2 like to try, if and when they can find an opportunity.

3 The most commonly used drug, of  
4 course, is marijuana, ranging between 64 to 67 percent.  
5 Only 5 to 6 percent of the teenagers involved them-  
6 selves in any degree of repeated use. The age levels  
7 at the first experience with drugs, or glue sniffing,  
8 varies; about 13.2% have tried it before the age of  
9 ten -- rather below the age of ten. About 40.9% --  
10 well, let me break it down -- 6.8% try it between the  
11 ages of ten and twelve, 34.1% try it between the  
12 ages of thirteen and fifteen, and 46% try it between  
13 the ages of sixteen and nineteen.

14 Glue sniffing has a slightly  
15 different pattern in terms of age involvement, 11.6%  
16 tried below the age of ten, 16.4%, ten to twelve;  
17 55.6%, thirteen to fifteen years old; and 16.4%,  
18 sixteen to nineteen years of age.

19 The obtaining of drugs seems to be  
20 no problem in our region. To a direct question  
21 asking teenagers, "How difficult is it for you,  
22 obtaining drugs in your community?", only 31.4%  
23 indicated that it was very difficult, 27.4% said,  
24 "Well, it was slightly difficult", and the rest  
25 said either, "It was very easy", or "Easy to obtain"  
26 drugs.

27 The sources of obtaining, 26.3%  
28 obtained it from pushers; 49.4% obtained it from  
29 other teenagers, and, of course, the interpretation  
30 being that one or two young persons in the community



1 obtain it in bulk and then re-sell it to other  
2 teenagers. Three point two percent indicated that  
3 they obtained it from adult friends, 12.3% indicated  
4 that they obtained it from pharmacies and drug  
5 stores, and 2.1% indicated that they make it them-  
6 selves in the science labs.

7 Mr. Chairman, if you find my line  
8 of description not useful or -- let me know.

9 THE CHAIRMAN: No, not at all,  
10 very helpful.

11 DR. ASSIMI: To a question asking  
12 to describe reasons for which teenagers involve  
13 themselves with drugs, 52% indicated simple curiosity.  
14 Collapsing other reasons into a large category of  
15 social reasons, 35% indicated that they used drugs  
16 because of social reasons such as pressure from  
17 friends, wanting to be one of the crowd, or not  
18 wanting to be called a square or an odd-ball, or  
19 simply being fascinated by the description of trips  
20 given by other experimentors. Only 13% indicated that  
21 they do it for personal reasons, and I believe this  
22 is very revealing. Perhaps it can be discussed  
23 further. I find here, which, perhaps, may be useful  
24 to note, that sometimes the approach that we make,  
25 that there may be something in the personality  
26 structure of the individual which makes him take  
27 drugs, is not borne out by this survey. Well, they  
28 all are, but a very minor percentage of persons  
29 giving that reason.

30 To a question as to the reaction,





1 the average reaction to the drug experience, most  
2 of the teenagers indicated that they enjoy it.  
3 They like and enjoy it; 45.8%. Only 18.2% indicated  
4 that they do not enjoy the experience; 9.2% indicated  
5 that they actually get sick and suffer physically  
6 during the experience. It is revealing to note  
7 that 26.9% said that they have no particular effect,  
8 they get no particular effect from the drugs, which  
9 points to a cultural conditioning, just as one time  
10 people used to think that smoking or drinking is  
11 bound to produce drunkenness, or at least, a one-  
12 time drunkenness, it does not do any more. Over 80%  
13 of our people smoke and drink and feel no particular  
14 effect as a result of cultural conditioning.

15 As to the frequency of use, parti-  
16 cularly drug use, 77.6% indicated that they used  
17 drugs one to two times a week; 9% use it three to  
18 four times a week; 3.5%, five to seven times a week;  
19 and 10%, eight to ten times or more a week.

20 Now this, Mr. Chairman, is, very  
21 briefly, the scene as it is in its basic elements.  
22 The survey also tried to determine from the teenagers  
23 themselves as to what might be predicted as the  
24 future tendencies in this area.

25 The question was phrased like this:  
26 "In the next year or so, do you think that you  
27 might be using drugs more often than you do now?"  
28 And only 10.8% indicated that they will be using it  
29 more often; 11.6% were not sure.

30 If you want to weigh the positive



1 response, Mr. Chairman, perhaps we can say that  
2 about 15% think that the use will spread.

3 This was a personal question,  
4 "Would you be using it more often?" This was followed  
5 at a later stage by a general question asking, "Do  
6 you think the teenagers as a group will be using  
7 it more often?", and then the majority indicated  
8 that, "Yes, they will be using it more often".  
9 Fifty-four point two percent indicated that teenagers  
10 will be using drugs more frequently in the coming  
11 year or so.

12 As to the attitude of teenagers  
13 to -- I am afraid I will have to call it a moral  
14 attitude, because the question was worded so, the  
15 question was worded, "Do you believe it wrong for  
16 teenagers to use drugs?" The idea was to get at  
17 their moral attitude, and 67.9% surprisingly indi-  
18 cated that it was morally wrong for teenagers to  
19 use drugs. Sixteen percent were not sure, and only  
20 16.1% were definite that it was not wrong for  
21 teenagers to use drugs.

22 In terms of their understanding  
23 as to the physical effects of drugs, again, the  
24 evidence is more on the positive side: "Do you  
25 believe that drugs are physically harmful?"  
26 Fifty-two point one percent said, "Yes, they are  
27 physically harmful". That is to say, Mr. Chairman,  
28 that 52.1% indicated that all drugs, all drugs are  
29 physically harmful; 36.8% indicated that only some  
30 drugs are physically harmful; and 3.6% said no drugs





1 are harmful; 7.4% were not sure.

2 Projecting the moral stance on the  
3 question, teenagers were asked, "Would you let your  
4 own children, when you become parents, would you let  
5 your own children use drugs?" And 1.6% said, "Yes,  
6 they would allow their children to use all drugs",  
7 7.2% indicated that they would be selective and  
8 let them use only some drugs, such as marijuana;  
9 but 78.4% gave a definite, "No. They will not  
10 allow their children to take drugs." Twelve point  
11 eight percent were not sure.

12 I'd like to supplement this,  
13 Mr. Chairman, with a little more information.

14 THE CHAIRMAN: Excuse me, is there  
15 any breakdown of that 78% between those who have  
16 used drugs and those who have not?

17 DR. ASSIMI: These are the drug  
18 users.

19 THE CHAIRMAN: All of them?

20 DR. ASSIMI: Yes.

21 THE CHAIRMAN: Is this a sample of  
22 drug users -- they are not all drug users in the  
23 sample?

24 How can they be all drug users  
25 when the sample shows up to 30% of teenagers have  
26 tried drugs at least once? As I understand that --  
27 excuse me for interrupting you, Dr. Assimi, I just  
28 want to understand the sample. As I understand it  
29 it is a sample of 2500 drawn from eight major  
30 communities in the northwest?



1 DR. ASSIMI: Yes.

2 THE CHAIRMAN: Of the 78.4% who  
3 said they would not allow their children to take  
4 drugs ---

5 DR. ASSIMI: Yes. I'm sorry, this  
6 question; no, this is a general question.

7 THE CHAIRMAN: What is the proportion  
8 of that 78%? Do you know the proportion of that 78%  
9 which uses drugs and the proportion which does not?

10 DR. ASSIMI: No.

11 THE CHAIRMAN: You don't?

12 DR. ASSIMI: This was a general  
13 question directed to all teenagers.

14 There are a couple of other questions,  
15 Mr. Chairman, on the attitudes, perhaps we can call  
16 them "self-attitudes" of teenagers, which might be  
17 helpful in understanding their behaviour.

18 A question was asked, again a general  
19 question, "How religious do you think you are?", the  
20 idea being to get at their moral attitudes or moral  
21 compunctions which an individual might feel in regard  
22 to the behaviour which the society at large does not  
23 approve. To this question, "How religious do you  
24 think you are?", there were four or five categories;  
25 only 4.4% said they are very religious; 23.5% said  
26 they are fairly religious; 42.9% said they are  
27 averagely religious, and 29.1% said they are not  
28 religious.

29 I would like to comment that when  
30 a person is confronted with such a question, we can



1 be sure that 29.1% is a large percentage who said  
2 that they do not think themselves to be religious  
3 at all.

4 MR. STEIN: Was this question  
5 directed at "religious" in terms of affiliation  
6 with some organized church or whether religious  
7 ideals influenced their thinking, or was there any  
8 interpretation on it?

9 DR. ASSIMI: No, this was their own  
10 conception of their religiosity. In other words,  
11 the degree of religiousness does not depend upon  
12 what denomination or what religion you belong to.

13 MR. STEIN: But, does that make  
14 clear to the person answering -- these are high  
15 school students?

16 DR. ASSIMI: Yes, these are high  
17 school students.

18 MR. STEIN: Do you think this would  
19 be evident to the person answering the question?

20 DR. ASSIMI: I would think our  
21 high school students are capable of answering this  
22 question quite objectively. It is a straight-forward  
23 question, "How religious do you think you are?"

24 Now, it is not what we think are  
25 the degrees of religion, it is how a person perceives  
26 himself, to be his status. It is a self attitude,  
27 whether he thinks himself to be very religious or  
28 not religious, or moderately religious. It is a  
29 matter of self-conception, which I don't think is  
30 dependent upon any objective criteria of religiousness.





1 THE CHAIRMAN: What conclusion are  
2 we to draw from it? I know it is a piece of infor-  
3 mation; what conclusion?

4 DR. ASSIMI: If you ask for my  
5 interpretation, Mr. Chairman, it is that the sources  
6 of social authority are weakening, because, after  
7 all, social behaviour is ethical behaviour, and the  
8 sources of ethics are ultimately in our religious  
9 attitudes.

10 MR. CAMPBELL: Have you any idea  
11 how a comparable sample might have answered the same  
12 question, say, ten or fifteen years ago? In other  
13 words, I am trying to get to the basis of the state-  
14 ment that there is a change.

15 DR. ASSIMI: I am sorry, sir, but  
16 no comparison was intended. I am trying to determine  
17 the situation as it is now, and projecting it back-  
18 wards to ten years from now would be too much of  
19 a speculation.

20 MR. CAMPBELL: I wondered when you  
21 said the sources of social authority were weakening.  
22 That seemed to imply a comparison.

23 DR. ASSIMI: No, I am analyzing it  
24 internally. There are 29.1% who feel that it is  
25 not even important to them. So this is an internal  
26 analysis.

27 THE CHAIRMAN: Have you any  
28 correlation between the replies to this question  
29 and drug use?

30 DR. ASSIMI: No.



1 THE CHAIRMAN: So, you don't know,  
2 in fact, what proportion of the 70 or 30 percent  
3 as the case may be, is made up of drug users?

4 DR. ASSIMI: Mr. Chairman ---

5 THE CHAIRMAN: I was just asking a question

6 DR. ASSIMI: No, it is not; it is  
7 not.

8 THE CHAIRMAN: Just information?

9 DR. ASSIMI: Yes.

10 MR. CAMPBELL: Will you tell me  
11 about your sample, Dr. Assimi? How was the sample  
12 selected?

13 DR. ASSIMI: In the most usual  
14 sociological manner, sir.

15 MR. CAMPBELL: Being?

16 DR. ASSIMI: You want me to explain  
17 the methodological procedure?

18 MR. CAMPBELL: I was just curious  
19 what was the basis of the sample, and how many  
20 questionnaires were sent out, and what was your  
21 return rate?

22 DR. ASSIMI: The questionnaires  
23 were not sent out, sir, they were administered.  
24 They were self-administered under supervision. There  
25 was myself, and an assistant were present around  
26 the campus while kids filled them out, and they  
27 were encouraged to ask questions if they needed  
28 any explanation, but they filled it out. And only  
29 those who volunteered were asked to fill -- this  
30 was make very clear in the beginning that if you





1 do not wish to participate, you may not do so, and  
2 only those who wanted to, did fill it out.

3 Since the population -- may I speak  
4 now on methodological -- since the population was  
5 homogenized, I did not feel the need of a random  
6 sample, but the sample was randomized.

7 MR. CAMPBELL: Do you have data to  
8 indicate whether or not you have a cross-section by  
9 grade, or a cross-section by sex, or a cross-section  
10 by age?

11 DR. ASSIMI: Sir, since the law  
12 requires all Canadians to be in school up to a certain  
13 age, that means that all schools represent a cross-  
14 section of the community.

15 MR. CAMPBELL: Yes, but of the students  
16 that were in school, do you have data from these  
17 questionnaires to suggest whether your sample of  
18 volunteers is a cross-section of those who are in the  
19 schools?

20 DR. ASSIMI: Grade ---

21 MR. CAMPBELL: By sex, age and grade.

22 DR. ASSIMI: Grade thirteen included.

23 And in that -- and I think I can explain it -- now,  
24 in each grade we took -- in the general office they  
25 keep a list of students of each grade on a roll call  
26 device, and depending upon -- the aim was between  
27 twenty to twenty-five percent of the students. So,  
28 depending upon how many were in these groups, we took  
29 every sixth person, every sixth person or every  
30 seventh person from that list. And this, I think,



1 should, then, show pretty much a cross-section  
2 inclusion.

3 MR. CAMPBELL: Now, of the people  
4 you approached and asked to fill out the questionnaire,  
5 what proportion of those who were approached  
6 volunteered to fill it out?

7 DR. ASSIMI: Only those who volun-  
8 teered left the classes and came to the cafeteria  
9 or the hall, or the gym, to participate.

10 MR. CAMPBELL: So, you have a list  
11 of names and they are asked to come?

12 DR. ASSIMI: Yes.

13 MR. CAMPBELL: All right. What pro-  
14 portion are those who came of the total names that  
15 you selected? Did 80% come, 60%, 9%?

16 DR. ASSIMI: Oh, no. I remember in  
17 three places where anybody was -- who was included  
18 according to this method, said that he would not like  
19 to. I know there was one girl in one community  
20 and a girl and a boy in another, and three boys in  
21 another community who refused to participate.

22 DR. LEHMANN: You would say then  
23 that over 90% would have appeared?

24 DR. ASSIMI: Yes.

25 THE PUBLIC: Don't you find then,  
26 other students who tend to not (portion inaudible  
27 I believe Porter mentions that in the Mosaic, that  
28 the most conforming kids to the system and the kids  
29 that fit in the most are the ones that tend to  
30 volunteer for anything, and especially for a study



1 like this, that there be a certain social stigma  
2 attached to other kids.

3 DR. ASSIMI: It is an assumption.  
4 I don't think there is any evidence to prove it.

5 THE PUBLIC: I can't remember the  
6 name of the study myself, but I think Porter mentioned  
7 it in the Vertical Mosaic, and there was another  
8 mention in another paper, in the Canadian Society.

9 DR. ASSIMI: I think, sir, you should  
10 consider that this is a self-incriminating experiment,  
11 and therefore, people would not -- there is more  
12 likelihood that a person would not involve himself  
13 for the sake of doing it because it is self-incriminating, in a way, and I don't see people -- in  
14 other words, the likelihood is more on the side that  
15 these people were more genuinely interested, more  
16 than just doing it for any other reason.

17  
18 THE PUBLIC: There is another question  
19 too, about how your sample is selected. I was of  
20 confused because you said they were all volunteers  
21 and then you said, also, from that rotary file you  
22 took every sixth student, or something?

23 DR. ASSIMI: Yes, and although they  
24 were asked, this was the experiment, and "Would you  
25 like to participate? If you do not, you may withdraw."  
26 That makes them volunteers.

27 THE PUBLIC: You asked certain  
28 students first whether they would like to volunteer?

29 DR. ASSIMI: No. We explained to  
30 them that, according to this method, "your name happens





1 to be included, but you don't have to participate  
2 if you don't want to."

3 THE PUBLIC: Would you have any  
4 idea what percentage of the students were asked  
5 to participate with you?

6 DR. ASSIMI: How many of the --  
7 what percentage of them?

8 THE PUBLIC: Yes.

9 DR. ASSIMI: In each community, we  
10 tried to make it between twenty and twenty-five  
11 percent of the teenage group.

12 THE PUBLIC: No, I understand that,  
13 but what percentage of the students who were asked,  
14 actually asked from the selection from the rotary  
15 file, what percentage of those students refused?

16 DR. LEHMANN: We just settled that,  
17 about 4 to 5% apparently refused.

18 THE PUBLIC: I see. There was  
19 another question too. Was there any sample of the  
20 teachers in the high school being asked similar questions?

21 DR. ASSIMI: I didn't really feel  
22 justified including teachers among teenagers.

23 THE PUBLIC: That would probably  
24 be quite interesting for another paper.

25 DR. ASSIMI: Perhaps it would be.

26 THE CHAIRMAN: What would you like  
27 to get out of that? What do you think could be got  
28 out of that?

29 No, I am interested in what you feel  
30 would be the significance of asking the teachers --



1 I mean, I can think of a number of reasons. I want  
2 to understand what you had in mind.

3 THE PUBLIC: For one thing, I believe  
4 while they are  
the students/in high school are greatly influenced  
5 by their teachers because high school is -- well,  
6 high school teachers, in general, have a great  
7 influence on students, and they may feel compelled  
8 to answer questions in certain ways. And I think  
9 only a certain type of student may come up to answer,  
10 would volunteer to answer the questions on such a  
11 survey. This is partially from my own knowledge.

12 THE CHAIRMAN: How would you go  
13 about the survey? Do you think there is a better  
14 way of going about it, the selection of the sample,  
15 having regard to the problems you are thinking about?

16 THE PUBLIC: Well, I don't know if  
17 I could offer a better method, but, still, I can  
18 question the method.

19 THE CHAIRMAN: Oh, yes. I don't  
20 think it invalidates the questions;  
21 I just wanted to know why you are interested.

22 THE PUBLIC: That is all for now.

23 THE CHAIRMAN: Thank you.  
24 Yes, gentleman at the microphone?

25 THE PUBLIC: Dr. Assimi, at the  
26 beginning you mentioned the word, "expert", stating  
27 you were not. Now, I think it is rather obvious  
28 that this Commission is here because there is a  
29 problem. As soon as a problem arises, experts spring  
30 forth, left, right and centre, and I am sort of





1 | wondering what an expert is. For the last several  
2 | days I have been sitting in court at a jury trial  
3 | of a narcotics case that I am rather interested in  
4 | as a spectator, and a couple of R.C.M.P. were titled  
5 | as "experts", and these experts both stated, those  
6 | who were calling themselves "experts", said that  
7 | a roach was a cigarette rolled in marijuana, that a  
8 | nickel bag contained half an ounce of marijuana; that  
9 | a dime bag would take an ounce. As you can see from  
10 | the reaction of the audience, this would not be  
11 | generally accepted fact, but these persons were titled  
12 | in court as being experts, and probably a lot of  
13 | what they think would be sheer pap according to the  
14 | kids. And I am wondering, what is an expert in this?  
15 | You have experts who are speaking here, a doctor  
16 | will tell you the physiological effects of methedrine  
17 | on the organism, and a lawyer will tell you what  
18 | happens with the law, and so on. But, if you were  
19 | to gather a group of experts, half a dozen people  
20 | would have to be, probably over 50%, older teenagers  
21 | who have used the drugs. These are the only people  
22 | that I can see, so far as being experts.

23 |               It is a complex problem, and we have  
24 | people who know the individual facets, we have a  
25 | sociologist sitting here who is trying to organize  
26 | this into a coherent framework, and I am wondering,  
27 | what are we going to do about this expert problem,  
28 | do we need one; who is; and those who are being titled  
29 | as experts, are they really?

30 |               DR. LEHMANN: Do you think the only



1 expert on obstetrics is a woman who has had a child?

2 THE PUBLIC: I would.

3 THE CHAIRMAN: Are you an obstetri-  
4 cian?

5 THE PUBLIC: Common sense tell me  
6 that I don't have to be.

7 DR. ASSIMI: Mr. Chairman, may I  
8 respond to Mr. Berkney's question?

9 THE CHAIRMAN: Yes.

10 DR. ASSIMI: Expertise, Mr. Berkney,  
11 is, in my definition, an expert is a person whose  
12 judgment can be counted on as dependable. Now, of  
13 course, there are degrees of dependability, so that  
14 there would be degrees of expertise. In this case,  
15 I think that we are confusing a few things, knowing  
16 about something comes from various sources; one  
17 has direct personal experience, the other is learning  
18 from the experiences of others, in terms of asking  
19 them, and compiling the results of large investigation,  
20 in this sense, and making it a source of knowledge.

21 Now, certainly, direct personal  
22 knowledge, through direct personal experience, is  
23 not always that dependable because it has an element  
24 of subjectivity, as you pointed out. So that it is  
25 a matter of what you accept as dependable information.

26 THE PUBLIC: My only caution in  
27 mentioning the R.C.M.P. and other officially regarded  
28 individuals, you know, who would be regarded as  
29 experts, when they are not entirely experts.

30 DR. ASSIMI: I agree with you.



1 I personally am quite concerned that there are many  
2 self-styled experts in this area. That is one reason  
3 I am frightened to be labled as one.

4 THE CHAIRMAN: You were careful to  
5 disclaim any expertise, as you said in your submission.  
6 You can't be taxed with that.

7 THE PUBLIC: Another question is  
8 concerning research, and the value of research in as  
9 complex a problem as this, having listened to and read  
10 about this Commission as it travels across Canada.  
11 You frequently get groups both pro and con; citizens  
12 groups coming and saying, "Yea, it should be legalized  
13 because it will prevent a lot of problems", and  
14 other groups saying, "No, a terrible thing." And I  
15 am just wondering how the majority of these, how  
16 anybody can say in any kind of moral sense, that  
17 something should or should not be done, when we  
18 don't know. We don't know anything about this.

19 I sat down and I figured out what it  
20 was costing to prosecute narcotic offenders in  
21 Thunder Bay, and I figured it was between seventy-  
22 five and a hundred thousand dollars a year, in the  
23 last year. Since it is increasing it will change,  
24 naturally. But just the chasing of the potential  
25 offenders, and the prosecutions, seventy-five to  
26 a hundred thousand dollars a year, an off-the-cuff  
27 estimate, is spent on this. I would think this money  
28 could much better be spent in research, and it  
29 appears to me that our governments, provincial or  
30 federal, are slowing, stopping, hindering in many ways,





1 this research.

2 For a while this winter the  
3 Alcoholism Addiction Research Foundation of Ontario  
4 was analyzing drugs from off the street, and then  
5 they stopped this, from orders of Toronto, because  
6 there might be prosecutions across the province. And  
7 this appears to me a great pity. No research, no  
8 analysis is being done, and we are operating on  
9 highly moral grounds when there is no basis and no  
10 facts at all for this moral evaluation.

11 DR. ASSIMI: This is true, Mr.  
12 Berkney. I think that if the Chairman would allow  
13 me, I would proceed and comment on these questions,  
14 Mr. Chairman, now.

15 Mr. Chairman, I am very leary about  
16 what I term as an over-emphasis on the medical and  
17 psychological aspects of this problem. Medicine  
18 cures cases, psychologists and psychiatrists can  
19 deal with cases; collective behaviour is different  
20 from case behaviour. Also, the clinical concept of  
21 behaviour is majorative, is stigmatizing, because  
22 we have to accept the person to be deranged, sick,  
23 or having problems. I think we have insulated our  
24 youth because of this over-emphasis on medical and  
25 psychological approaches to the problem. It clearly  
26 is stigmatizing, whereas the problem, in its origin,  
27 in its nature, in its expression, is strictly  
28 sociological.

29 Medicine and psychiatry can certainly  
30 cure cases, but both of these sciences cannot prevent



1 social behaviour. And I think what is of essence  
2 in this problem is prevention rather than cure.

3 I would like to illustrate it,  
4 Mr. Chairman, by saying, suppose there were 200 persons  
5 in this community who are involved in drugs and we  
6 are concerned about them, about their health and  
7 about their persons, and we committed them to medical  
8 treatment and psychiatric treatment. I think that in  
9 the first place, it would take us at least two years  
10 to treat those 200 cases. In the second place, how  
11 can we make sure that while we are curing 200,  
12 another 400 will not be ripe for the same treatment  
13 before those 200 are cured?

14 THE PUBLIC: What do you mean by  
15 "cured"?

16 DR. ASSIMI: The cure, I'm using the  
17 word in quotes, what the psychiatrist, the medical  
18 person, calls a "cure".

19 DR. LEHMANN: What does a psychiatrist  
20 call a cure?

21 DR. ASSIMI: Treating a person,  
22 restoring him to normality.

23 THE PUBLIC: You are assuming  
24 abnormality in drug usage?

25 DR. ASSIMI: What other psychological  
26 approach can you make?

27 THE PUBLIC: Well, I'm saying, you  
28 figured 200 just off the cuff. From very reliable  
29 sources, there has been a figure of 6,000 drug users  
30 in Thunder Bay, of which names are recorded. Now,





1 in going along with Garth, on the line of trying  
2 to determine the validity of spending so many thousand  
3 dollars in prosecuting a very minimal number when  
4 there are a thousand times more users that we know  
5 about. So what is the point, really? You talk about  
6 the community you surveyed, and I will say, some  
7 communities, I don't know if they are included, Red  
8 Rock, Nippigon, Kenora, Terrace Bay, Marathon,  
9 Manitowadge. Now, these communities, the official  
10 agency to deal with the drugs is the R.C.M.P.

11 Now, there have been no convictions  
12 in these communities under the federal Narcotics Act.  
13 There is one R.C.M.P. officer in Nippigon to do with  
14 the Indian situation, nothing to do with the drugs.

15 A few statistics on the drug use in  
16 Thunder Bay, in terms of convictions: In 1967 there  
17 were twelve, in 1968 there were twenty-two, in 1969  
18 there were forty-five, and up to February 28th, there  
19 were twenty-four.

20 THE CHAIRMAN: Excuse me, after  
21 February when?

22 THE PUBLIC: Twenty-eighth.

23 THE CHAIRMAN: Of what year?

24 THE PUBLIC: This year.

25 THE CHAIRMAN: February 28th, you  
26 said?

27 THE PUBLIC: Yes, sir. There were  
28 twenty-four.

29 Now, you look at that,  
30 that is quite an increase. That graph jumps, and



1 compared to a national average, in 1967 there were  
2 398 marijuana offences; '67, '68, 1,678, and in '69,  
3 2,732. That is quite a few. But what is the point  
4 of taking surveys and studying, "Do you use marijuana?",  
5 "Do you think marijuana is harmful?" What do you  
6 have to gain by that, other than the fact that we  
7 know there is a problem here. We know there are  
8 thousands of kids using this stuff, but we don't  
9 know what it is doing to them.

10 Is it a medical problem, do we need  
11 a cure for it? Maybe the cure is legalization,  
12 because maybe it is a social problem, and we are  
13 slapping at our social values and our social controls.  
14 Maybe that is what should be cured. But if that is  
15 the case, then let us look at the medical part and  
16 put the money into medical research.

17 THE CHAIRMAN: Thank you.

18 Dr. Assimi?

19 THE PUBLIC: Do you have any comments  
20 for that? If you don't, I have another question.

21 DR. ASSIMI: I don't know. You go  
22 ahead with your question.

23 THE PUBLIC: I will make this fairly  
24 brief. I would like you to comment on your concept  
25 of the drug user as abnormal, and the other comment  
26 I would like to hear from you or, perhaps, other  
27 experts in the room -- it was mentioned by Sandy  
28 that the ratio of users here as compared to the use  
29 of the rest of Canada. This is an isolated community.  
30 Alcohol here is a greater problem than the rest of



1 Canada, and many researchers have pointed out the  
2 remoteness of the area, etc., etc., the harshness of  
3 the climate, and so on, as being factors in usage of  
4 drugs of all kinds, from alcohol down. I would like  
5 you to comment on that also.

6 DR. ASSIMI: When I referred to the  
7 psychological approach, I was referring to the theory  
8 that when a person involves himself with drugs, that  
9 there is something in his personality structure which  
10 leads him to deviate, if you like to call it that.  
11 That is strictly the personality structure theory,  
12 and I'm talking now in terms of deviant behaviour  
13 alone. This is what I meant by the psychologist, that  
14 if he acknowledges the person to be normal then he  
15 cannot brand his behaviour as being deviant, can he?  
16 So, when he says the act is deviant, he is implying  
17 that there is something the matter with his personality  
18 structure.

19 THE PUBLIC: You stated earlier in  
20 your opening remarks that there were no personality  
21 factors involved.

22 DR. ASSIMI: This is my personal  
23 analysis. I am not saying that there are not, maybe  
24 there are, but all I'm saying is that, if there are  
25 and if this is a personality need, how much help  
26 can we give, because then a person, if we can keep  
27 him away from drugs, he'll find another alternative,  
28 he'll find a substitute for drugs. If this is a  
29 personality need, if he cannot satisfy it through drugs,  
30 he will find a substitute to it.





1 THE PUBLIC: How about my other  
2 question?

3 DR. ASSIMI: Which one was that?

4 THE PUBLIC: About the comparison  
5 of usage and reasons for usage in Thunder Bay versus  
6 other parts of Canada.

7 DR. ASSIMI: The isolation, if you  
8 are talking about the isolation of our communities,  
9 I certainly think that a lot of drinking in our  
10 region is due to our isolation. I have been in these  
11 communities, and long winter evenings, and there is  
12 nothing else to do except watch TV and have a drink.  
13 Somehow a sense of, a kind of loneliness, a sense  
14 of unwanted solitude overtakes you in these communities  
15 on long winter evenings.

16 THE PUBLIC: Would you say it is a  
17 factor in drug usage?

18 DR. ASSIMI: It might be. I could  
19 not support it from my own survey, because I did not  
20 include it in my work.

21 THE PUBLIC: Sir, the picture you  
22 paint of the northern community, I don't think is  
23 very accurate. You look at any of these communities  
24 you have gone into, and you will find over a million  
25 dollars being spent on recreational facilities.  
26 Every one of these places has recreational facilities  
27 which can beat anything that Thunder Bay can offer.  
28 They have hockey and curling and bowling, and a number  
29 of other recreational outlets for them to take part  
30 in. They are just not interested in those things



1 any more, but the facilities are there. So, don't  
2 say there is only television.

3 But statistics ---

4 DR. ASSIMI: I must interrupt you on  
5 this, because I work closely with recreational directors  
6 in all these communities, eight of them. They are  
7 almost closing down because there are no takers.

8 THE PUBLIC: That is right, because  
9 they are not selling the recreation to them; it is  
10 not their fault.

11 DR. ASSIMI: It is not up to us to  
12 say whose fault it is. The fact remains, whosever  
13 fault it is, that people in these communities do not  
14 go for these organized recreational activities.

15 THE PUBLIC: So, maybe something  
16 may come along that may be a bit better.

17 DR. ASSIMI: Would you like to  
18 include (portion inaudible)

19 THE PUBLIC: We are looking at  
20 statistics. There are multi statistics around. Now,  
21 I have got one study here which was reprinted and  
22 I don't know why, what did he call it, Addiction  
23 Research Foundation, and he has got a summary of  
24 reactions of 100 subjects accustomed to marijuana  
25 smoking after certain numbers of -- certain amounts  
26 of a substance. And, you know, the most serious --  
27 well, these are the facts -- now, is this serious?  
28 Feeling of exhilaration, 74%; depression, 12;  
29 more talkative, 60.

30 I am not on drugs. Reaction to work,





1 less fatigue, 60%; sharpening of appetite, they  
2 want to eat more, 58%. Now these -- you know, what is  
3 wrong with these statistics? What is wrong with these  
4 kinds of effects? There are other effects, increased  
5 energy and desire and capacity for work, that is 39;  
6 there is a small one here, appetite not affected, 12%.  
7 That is the smallest percentage I have, but this is  
8 a study, it is one study.

9 All right, now, if we are going to  
10 look at studies, I suggest Dr. Schwartz's study, which  
11 seems to be the only comprehensive thing I have seen  
12 that is half medically orientated, and he has eleven  
13 points. Have the commission -- like, they must have  
14 gone through the study before, but for the benefit of  
15 people here, there are harmful effects and he lists  
16 them. That is one study.

17 Now, those are the kinds of studies  
18 which, I think, should be listened to, and should be  
19 started on these effects. There are eleven conclusions:  
20 Marijuana is a clearly defined intoxicant derived  
21 from the Indian Hemp plant. Two, the Indian Hemp  
22 plant varies widely in its botanical properties, which  
23 is true. Marijuana, hashish and chemical extracts  
24 vary widely in potency and deteriorate within time.  
25 The chemical composition of these substances is largely  
26 unknown at this time. There are wide variations ---

27 THE PUBLIC: It is not true.

28 THE PUBLIC: I beg your pardon?

29 THE PUBLIC: It is not true.

30 THE PUBLIC: This is something he found.



1 THE PUBLIC: When was that report  
2 published?

3 THE PUBLIC: I think it was 1968,  
4 to some association.

5 The chemical composition of these  
6 substances is largely unknown at this time. There  
7 are wide variations in human response to these  
8 substances and variations will also occur with the  
9 same individual using the same substance at different  
10 times. Six, the acute intoxicated state has a  
11 variable duration and the individual is not  
12 necessarily aware that he is intoxicated.

13 Seven, the acute intoxicated state  
14 characteristically involves a feeling of euphoria,  
15 distortions of the sense of time and space, heightens  
16 sensory perceptions and impairment of complex psycho-  
17 motor activity. However, fluctuations in mood and  
18 behaviour might occur, and a state of toxic psychosis  
19 may result, which is not necessarily related to  
20 high dosage.

21 Eight. In order to achieve the  
22 state of intoxication, the individual may have to  
23 accept some degree of unpleasant physical and  
24 psychological experience.

25 Nine. Depending on the complex  
26 interaction of a number of variables, of which the  
27 drug is only one, hashish and, to a lesser extent,  
28 marijuana, can be associated with acute psychological  
29 distress requiring medical attention, intoxicated  
30 behaviour dangerous to the individual himself or to



1 others, drug dependency, personality deterioration  
2 and chronic physical ill health.

3 Ten. The incidence of acute side  
4 effects is unknown, but it is generally considered  
5 that chronic side effects are more likely to occur  
6 with hashish, used regularly over a period of time.

7 And eleven. Regular users of both  
8 marijuana and hashish so far studied, tend to show  
9 basic defects in personality.

10 Well, that is one very complex report  
11 that was done here in Canada, and it was used -- he  
12 used several hundred studies to compile this report.  
13 Now, those are the kind of reports, I feel, that are  
14 beneficial. This is one side of it. Now, I am sure  
15 that there are mistakes in this, but if there are  
16 I don't think that -- we can establish the fact mari-  
17 juana is here, and it is being used, fine, but the  
18 thing -- is it harmful? That is what we are supposed  
19 to be looking at, and this is one thing that says it  
20 just happens to be a bit harmful, but there is another  
21 one that says it isn't. Now, there are two. That's  
22 the kind of thing.

23 MR. CAMPBELL: Dr. Assimi, have you  
24 got a copy of the questionnaire that you used, if  
25 we could have it please?

26 DR. ASSIMI: I will be happy to send  
27 you one.

28 MR. CAMPBELL: You haven't one with  
29 you?

30 DR. ASSIMI: I don't have one here, but





1 I will be very happy to send you one.

2 MR. CAMPBELL: Could you please?

3 DR. ASSIMI: Sure.

4 THE PUBLIC: Could I just make an  
5 observation on this, a point again of continuity  
6 here, if that's all right?

7 DR. ASSIMI: Sure.

8 THE PUBLIC: There was a point made,  
9 just now, about the medical aspects of the drug, and  
10 so on. Well, my feeling is that the medical aspects  
11 of the drug have nothing to do with the issue about  
12 marijuana, that the whole issue regarding the use of  
13 marijuana is a political one. In fact, the mere  
14 establishment of this Commission after laws have been  
15 passed against the use of marijuana, instead of before  
16 the laws were passed, is a symptom of this thing.

17 Much of this resulted from the  
18 attitude which prevailed in the United States when  
19 marijuana was made illegal. And in the late '60's  
20 when the public hysteria started to prevail regarding  
21 this, then it became against the law in Canada.

22 But, just the terms of reference  
23 for this particular thing, of finding a way to reduce  
24 the marijuana problem, implies that the Commission  
25 starts out with the assumption that there is a problem  
26 here. Now, somebody has to define that as a problem.  
27 You see, I am more concerned about the problem of  
28 boating accidents. You see, every year in Canada  
29 a couple hundred people die in boating accidents, and  
30 to my knowledge, very, very few people die of marijuana



1 use. And apparently, it is more important to know  
2 what is going on in people's minds than being concerned  
3 about their lives. I mean, if we were so concerned  
4 about people's lives and their health, I think we  
5 would be more concerned about other issues, for  
6 example, automobile safety. I mean, in the United  
7 States there are 60,000 people that die in every year  
8 in automobile accidents, but I don't hear anybody  
9 proposing that we outlaw automobiles. Thirty thousand  
10 of those are probably attributable to alcohol.

11 Well, there is some research done  
12 by (Mailer) and his co-workers at Boston University  
13 which indicate that an experienced marijuana user  
14 does not suffer driving impairment under the influence  
15 of a high, but does suffer it under the influence of  
16 alcohol. Well, a study like that should be persued,  
17 should be investigated further, and the consequences  
18 of that made available. I mean, potentially, we  
19 could be saving 30,000 people's lives every year if  
20 we look at this. But that is really not the issue;  
21 the issue is a political one, and the nature of the  
22 political issue is to draw attention away from the  
23 real problems that face this community, this country  
24 and, in fact, the entire world. And we are being  
25 encompassed by those problems all over the world,  
26 and one of the gimmicks that is constantly used is  
27 to draw attention away by creating a problem out of  
28 one that really doesn't exist.

29 --- (Applause)

30 THE PUBLIC: Dr. Schwartz also points





1 out that he finds that there is impairment and it  
2 can cause bodily harm and suicides and, you know,  
3 other such -- so, I mean, it is just one thing before  
4 another. What we should be doing is getting a certain  
5 standard substance, testing it and finding out with  
6 that, rather than having a bunch of piecemeal efforts  
7 being taken across the country, and quoting what we  
8 want from each one of them. There has to be uniformity.

9 THE PUBLIC: There is another issue.  
10 Very recently monosodium glutamate was found to be a  
11 very potent drug which is capable of reliably producing  
12 brain damage in the lateral (geniculum) body of the  
13 hypothalamus in rats, guinea pigs, in monkeys, and in  
14 one other species. Now, monosodium glutamate goes  
15 under the brand name of Accent and is freely available  
16 on any shelf in any (portion inaudible). But no one is  
17 talking about accent, now. Excuse me, there has  
18 been some talk about it, but no commission has been  
19 set up, nobody is travelling across Canada to do this,  
20 and the results of that work show that the most labile  
21 systems are infant systems and mothers who are using  
22 this in their diet tend to accumulate this and pass  
23 this on to the offspring with the possible danger  
24 to the development of the individual. But no concern  
25 about this.

26 But marijuana, that is a lot different.

27 THE CHAIRMAN: What are your views  
28 on speed and heroin?

29 THE PUBLIC: My information, my  
30 experience with both speed and heroin is practically



1 nil, so I would refrain from making any judgment  
2 about it, although I have known people who have  
3 taken heroin and I was very surprised to learn that  
4 you can mainline the stuff without becoming addicted,  
5 but not for long. But, you can mainline it.

6 THE CHAIRMAN: But not for long.  
7 The point of my question was to hear -- learn if you  
8 had any views, and also to point out that our terms  
9 of reference require us to look at all the psychotropic  
10 drugs and substances, not just marijuana, you know.

11 THE PUBLIC: But marijuana is usually  
12 the one that stands at the focus of the issue, and  
13 it is -- in other words, there was a recent study ---

14 MR. STEIN: Why is that? Why do you  
15 think -- who is it that defines it that way? Because  
16 the Commission in its own work has taken a look, and  
17 if you have seen our terms of reference, at the whole  
18 spectrum, and is looking at the whole spectrum of  
19 psychotropic drugs. But it is true that at our public  
20 hearings there tends to be a focus that we haven't  
21 started out with, but usually it is brought to us.  
22 In other words, who is defining ---

23 THE PUBLIC: Pick up the local  
24 newspaper and you will see guys jailed for marijuana,  
25 marijuana this, marijuana that; I mean, that is an  
26 issue that people can have a gut-feeling for and  
27 rally behind because their kids are probably taking  
28 it, whereas the kids are probably not taking speed,  
29 or, if they are, how much of it percentage?

30 THE PUBLIC: I think it started, sir,



1 in 1923 when cannabis was added to the schedule of  
2 hard narcotics. That's when it started.

3 THE PUBLIC: That was in 1927 when  
4 it was removed from the pharmacopoeia of the United  
5 States and shortly after the United States removed  
6 it then every other country in the world removed it.  
7 And one of the reasons ---

8 MR. STEIN: I am trying to get the  
9 reason behind your comment that we should not be focusing on  
10 marijuana because this really isn't a problem, and  
11 you did say this.

12 THE PUBLIC: Let me rephrase that  
13 then. A couple of years ago I was in Kansas as an  
14 undergraduate student. Now, Kansas, as you know,  
15 is a dry state, and I came from New York, came from  
16 a Jewish background in New York. Now, if you know  
17 anything about that, you know that alcoholism amongst  
18 Jews is very, very low. Now, when I went to Kansas  
19 I was amazed at the preoccupation which people had  
20 with regard to drinking alcohol. I couldn't believe  
21 it. The bars close at eleven o'clock at night, you  
22 can't do this with it, you can't do that, you can't  
23 keep it in your car, you can't keep it in your house,  
24 you can't do anything with it. Consequently, the  
25 only thing that was on the kids' minds in Kansas  
26 was to go out and drink. And that was a result,  
27 I believe, of the oppression or the over-emphasis  
28 which was placed on drinking.

29 Now, what we have in the United  
30 States and Canada, and I suppose, in other parts of





1 the world as well, is precisely the same problem.  
2 When you over-emphasize this point so much, you create  
3 a curiosity, or what have you, on the part of the  
4 people you are trying to influence and they are going  
5 to react against that. And when the measures become  
6 particularly hard and people try it once and find out  
7 that all the evils that are supposed to befall them  
8 don't befall them, then they know that the people who  
9 trying to limit their activities don't have their  
10 interest at heart. So, partly, the problem becomes  
11 inflated for that reason.

12 But there is an interesting comment here  
13 in--I wonder if you people have seen "Psychology Today"?  
14 They did a survey of people who subscribe to their  
15 journal. Have you see that report?

16 Well, this was related to a comment that  
17 was made about expertise in the use of drugs, and the  
18 impression I got from the comment was that you can't  
19 consider yourself an expert until you have tried it.  
20 And "Psychology Today" did a survey on professionals,  
21 that is, doctors and researchers who are actively  
22 engaged in research with drugs, and on their personal  
23 background it states, "A professional's personal back-  
24 ground shows some correlation with his attitude towards  
25 drugs, though these should not necessarily be regarded  
26 as a cause and effect relationship. For example,  
27 significantly more researchers and professionals have  
28 themselves tried the drugs. Of the researchers, 50%  
29 have tried marijuana; 30% mescaline; 27% psilocybin;  
30 and 48% LSD. Among the professionals, only 18% have tried



1 marijuana at least once; 4% mescaline; 2% psilocybin  
2 and 6% LSD".

3 So, I mean, people now working in this  
4 area, people actively engaged in research are people  
5 who most likely had at least some experience with the  
6 various drugs.

7 MR. CAMPBELL: Some people who are con-  
8 cerned with an understanding of the drug phenomena;  
9 sociologists have made this remark to me, they have very  
10 deliberately refrained from cannabis use. They were  
11 studying cannabis and acid use, they were studying acid,  
12 and their reason for deciding not to use the drug was,  
13 in their view, a realization that the experience was a  
14 highly subjective one. And they felt there would be a  
15 considerable risk that if they had the experience  
16 personally, they would over-emphasize their own, possibly,  
17 idiosyncratic experience, and that they were scientific-  
18 ly on much safer ground, in discussing with very large  
19 numbers of people the subjective experiences that they  
20 had, and relating them to the investigator.

21 THE PUBLIC: I can appreciate a part  
22 of that point, but there is a scientific method of  
23 dealing with that as well. It is a procedure called  
24 the "double blind control", where you have some  
25 people who have had experience with the drug, but  
26 don't have direct, face-to-face contact with the  
27 people who they are interviewing, but do have written  
28 and verbal responses of some kind, and they they can  
29 analyze objective data without too much fear of  
30 contaminating it with their own personal influences.





1 So, that can be gotten over.

2 One more point that was raised in  
3 this particular article, was that there seems to be  
4 a correlation between the dimension of conservative-  
5 liberal, and the attitudes regarding the use of drugs,  
6 and I think this is very significant, because I think  
7 it reflects the general trend in society. Those  
8 that are conservative are against the use of drugs,  
9 and those that are liberal are for the use of drugs.  
10 And that is true -- well, it is not true for people  
11 who do research with drugs, the conservative-liberal  
12 dimension is irrelevant. But it is true for people  
13 who have no research experience with drugs; in other  
14 words, doctors who do not work with drugs. The  
15 conservative-liberal dimension predicts their attitude  
16 towards drugs.

17 And I have a feeling that if a study  
18 was done on the general population, the same effect  
19 would emerge. This is why I say, the ultimate  
20 decision regarding the status of marijuana and other  
21 drugs will not be medical reasons, will not be medical  
22 reasons, will be political reasons, political expedi-  
23 ency. For example, I cannot see this Commission --  
24 I can see the Commission making a certain report, but  
25 I cannot see Canada taking a position in opposition  
26 to the findings of the United States, for example.  
27 If the United States does not decide to legalize  
28 marijuana, I cannot see Canada legalizing it,  
29 regardless of this Commission's findings.

30 MR. CAMPBELL: Why?



1 THE PUBLIC: Because, first of all,  
2 there would be a massive pressure from the United  
3 States for Canada to follow in line because this would  
4 further control the use of it in the United States.  
5 If it is freely available in Canada, there would be  
6 an infiltration into the United States, and they  
7 would want to suppress that. Consider what the  
8 United States has done with the border crossing  
9 policy with Mexico. It put a great deal of pressure  
10 on the Mexican government, and they have the constant  
11 search of everybody going through the Mexican border,  
12 and it has gone to a ridiculous extreme of not letting  
13 anybody with long hair go into Mexico. So, all sorts  
14 of pressures can be brought, and I think the Bureau  
15 of Narcotics in the United States is a very influential  
16 organization, and whatever they decide, that will  
17 ultimately be the case, unless there is so much  
18 public outcry that they have to give in to that. But  
19 I don't think there will be, because they control  
20 public opinion. They have controlled public opinion  
21 ever since the Bureau was created in 1927, and they  
22 continue to control it now.

23 The thing that you people are doing,  
24 I think, is a good step but a very minor step  
25 in the fight against this sort of thing.

26 DR. ASSIMI: Mr. Chairman?

27 THE CHAIRMAN: Yes, Dr. Assimi?

28 DR. ASSIMI: No, go ahead.

29 THE CHAIRMAN: Go ahead, Dr. Assimi,  
30 it's your air time.



1 DR. ASSIMI: Could I complete my  
2 testimony and then we can get into these questions?

3 Mr. Chairman, there are two or three  
4 things which I would like to talk about now, very  
5 briefly. First is, that -- the question, why do our  
6 young people use drugs? I think that we need a  
7 review of the adult attitudes in this area. The "bad  
8 boy" theory, I think, is very dangerous; the moralis-  
9 tic approach that a boy or girl takes drugs because  
10 he is a bad boy or she is a bad girl. I think that  
11 this is the first step that we must take, we must not  
12 take a moralistic view of drug behaviour.

13 The second thing which I think we  
14 should be very clear about, is that we should not  
15 do anything out of a sense of crusade, or a sense of  
16 a crisis, that we are in the grips of a crisis and  
17 that, therefore, we must hurriedly mend our fences  
18 and muster our forces to fight this menace, because,  
19 I think that we should realize that movements in  
20 social behaviour rise and then level off and then  
21 probably even get accepted and become a part of our  
22 accepted social behaviour. I need only refer to the  
23 days of the temperance movement when drinking was  
24 "selling your soul to the devil", but we have out-  
25 grown that stage and today we don't have that kind  
26 of attitude toward drinking.

27 If my judgment is worth anything,  
28 I believe that within a few years we are going to see  
29 the same phenomenon in regard to drugs. A lot of it  
30 is going to vanish, there will be some people who will





1 use drugs, but it will become almost, if not accepted,  
2 at least, a tolerated part of social behaviour, just as  
3 there are very many other social ills. Nobody approves  
4 prostitution and yet most people tolerate it.

5 This, I think, is in the nature of  
6 social reality. This is the way the cookie crumbles  
7 in the end.

8 Also, I think we should realize that  
9 there are four different kinds of possible reasons  
10 which have been indicated in different studies done  
11 so far. The largest reason, I think, why people  
12 use drugs is curiosity, and I don't propose to go  
13 into expanding on this. I will just list them.  
14 The second, I think, is the need for the particular  
15 effect of drugs, and here I am not talking of  
16 strictly in psychological terms, why a person wants  
17 to have a tranquillizing effect, is not, necessarily,  
18 an indication of something in his psychological make-up.  
19 There could be social reasons for it. Why does a  
20 person want a stimulant? Why does a person want to  
21 hallucinate, is not necessarily a function of his  
22 psychological make-up.

23 Thirdly, there might be a need for social  
24 conformity, and this, I think, is also borne out by  
25 studies, that many of our young people use drugs out of  
26 a sense of need for social conformity. We are a mass  
27 society, we are a society of joiners, and I think this  
28 may be one of the reasons.

29 Fourthly, I think that there is some  
30 evidence to show that some drug behaviour is a



1 consequence of a spirit of social defiance. The  
2 young people are in a questioning mood, they question  
3 our values, they question our norms, they question  
4 our structures that we are trying to yoke them into,  
5 and I think, legitimately enough, and find them  
6 questionable, and are questioning it. And when  
7 questions are suppressed a certain expression of  
8 defiance is perhaps -- perhaps takes place in the  
9 form of drug behaviour.

10 I would like to suggest that all  
11 these four different causes are, perhaps, operative  
12 in the drug behaviour of our young people.

13 Now, as to solutions, Mr. Chairman,  
14 I have already suggested, that the first need we  
15 have is the correction or a re-defining of adult  
16 attitudes toward the drug behaviour; the moralistic  
17 attitude is one. I am also, as I have indicated  
18 before, Mr. Chairman, I am not too sure, but I still  
19 would like to express myself on this, I am not sure  
20 how far the medical and the psychological approaches  
21 are effective or can be effective. I personally have  
22 reservations, and if there are questions, I will  
23 try to expand on this.

24 As to the question of drug education  
25 on which there is a great deal of emphasis, again,  
26 I have my reservations. Knowing what is right and  
27 doing what is right are two different things. And  
28 by explaining to young people the chemical properties  
29 of a drug does not necessarily mean that he will  
30 not want to use it, or will want to use it. The





1 cannabis, and the whole family of the cannabis  
2 derivates, surely, have chemical properties, and  
3 medical analysis can be made of those, and the young  
4 people can be told that if they take hashish, that  
5 this is what it will do to you, or if you take  
6 heroin, that this is what it will do to you. But,  
7 I put it to you, Mr. Chairman, and the audience,  
8 that, can we ensure, because I believe that most of  
9 our young people already know this -- they know the  
10 chemical effects of these drugs and yet they want  
11 to use them.

12 Now, wanting to use and knowing the  
13 effects are two different things, and come from two  
14 different sources, and I think we have to stress the  
15 question of "Why do our young people want to use  
16 drugs?" They are not using them out of ignorance.  
17 They know. In many cases -- my students over here  
18 surprised me today. They know more about the chemical  
19 properties of these drugs than I do, and yet I know  
20 that some of my students try drugs -- not out of lack  
21 of information, or education about drugs. And this  
22 is true about many other things. We all know smoking  
23 can be cancerous, and yet, how many are deterred  
24 from smoking just because of this educational fact?

25 So, this, I think, is a distinction  
26 that, I think, we must remember.

27 The other thing is, that if we want  
28 to move toward legislation in this area, Mr. Chairman,  
29 again, I think, we will have to take it out of the  
30 realm of personal behaviour, because I think that our



1 Prime Minister cannot enter the personal lives of  
2 our citizens. We will have to, somehow, bring it  
3 into the social realm, because only social legislation  
4 can be applied, and so, we will have to bring it into  
5 the social realm more than into the realm of personal  
6 behaviour.

7 In terms of solution, one thing I  
8 would like to suggest, Mr. Chairman, is that, in our  
9 communities we should, perhaps, start very soon  
10 working toward our vision of -- from disgust and  
11 disappointment to a sympathetic concern, with under-  
12 standing. Our young people are not lost, our young  
13 people are not anti-social, our young people are  
14 simply questioning. And if this sometimes leads  
15 them to certain expressions of defiance, then I think  
16 it calls for understanding and a sympathetic approach,  
17 rather than disapproval and disappointment or disgust  
18 with them. And I think that I will make now a  
19 sociological pitch, Mr. Chairman.

20 Social behaviour, and I think we  
21 cannot get away from dealing with the drugs as social  
22 behaviour -- social behaviour depends upon social  
23 approval and disapproval. There are ways of expressing  
24 disapproval. Perhaps the ultimate is through law,  
25 but I think that we should, while we are working  
26 toward that, try disapproval in other ways too.  
27 That is to say, I think we should disapprove this  
28 because, if for nothing else, at least for this  
29 reason, that we do not know enough about drugs and  
30 we do not know about the long range effects of drugs



1 upon a person's health and physique; we do not know  
2 what these drugs lead to. If for nothing else, at  
3 least for this reason, we must, at least for the time  
4 being, disapprove the use of drugs, and if we do,  
5 then, I think, we have to use, what I like to call,  
6 the "traditional" ways of social disapproval, and  
7 they are, perhaps, more in the same realm as we  
8 disapprove of smoking, or disapprove of drinking,  
9 or disapprove of prostitution. I don't know whether  
10 that is bad or good, but we disapprove of it. Social  
11 disapproval works, and can work, I think, better  
12 when it is inconspicuous and when it arises out of  
13 concern rather than strict moralistic or legalistic  
14 disapproval of behaviour.

15 Thank you, Mr. Chairman. If there  
16 are any questions, I would ---

17 THE CHAIRMAN: Thank you very much,  
18 Professor Assimi.

19 There was a gentleman there by the  
20 microphone.

21 THE PUBLIC: I can have a very  
22 dangerous experience, in other words, I can walk out  
23 of here and be hit by a car, so as a child I had  
24 learned to put my experiences into a framework.  
25 For instance, on a green light, I go across the street  
26 and on a red light, I stop. But, when we get into  
27 a Royal Commission on the drug use, you see, I feel  
28 that somehow drug use is not a framework. In other  
29 words, the framework has to be a much larger thing.  
30 I think the Commission here could concede that drug





1 use is, perhaps, a youth problem. But, you know,  
2 I would also put it into another framework.

3 I would like to know, and I don't  
4 know whether the Commission has found out what the  
5 liquor lobbies and what the tobacco lobbies are doing  
6 about drugs, and how they affect it. I would like  
7 to find out economically, how the budgets of the  
8 R.C.M.P. and their organizations expand continually,  
9 you know, how the budget of the R.C.M.P. continually  
10 expanding, affects this field, the courts; this type  
11 of thing. Politically, I would sort of like to find  
12 out from this Commission, you know, drug use is  
13 anti-social, as society exists, for people over,  
14 perhaps, thirty, and politically, is drug use an  
15 expression of a political, a social -- a socio-  
16 political system that youth is now slowly moving  
17 into?

18 Politically, I would like to find  
19 out where doctors, and so on, stand, in that doctors  
20 do criticize drug use, quite a few of them. At the  
21 same time, doctors don't criticize the type of  
22 hamburger meat I get; this type of thing; economic,  
23 political, social.

24 I think if you take drugs, and  
25 make it a framework, it won't work. I think you  
26 have to take society and make it a framework and  
27 find out why this is going on. That is really all  
28 I have to say.

29 THE CHAIRMAN: I call now --  
30 Thank you, Professor Assimi, very much, for your



1 assistance today.

2 I call on Mr. Peter Reichstig, Staff  
3 Member for the Drop-In Centre. Is Mr. Reichstig  
4 here?

5 MR. REICHSTIG: I am really not  
6 interested in the drugs themselves, because I really  
7 think that the Commission is informed on drugs, but  
8 I would like to look at it from the point of view  
9 of how the community reacts to the drug situation  
10 that we have now.

11 As far as the hospitals go, or any  
12 of the existing agencies that come into contact with  
13 people that are using drugs, when they are having  
14 a bad reaction, such as the hospital, or in the  
15 schools, the counsellors or, when you get situations  
16 such as the police, or the district police, I am  
17 really more interested in how they react to the  
18 situation. And none of these people, as it has been  
19 said, so far, are really equipped to make decisions  
20 in drug matters. We don't have any drug experts,  
21 if there are such people, but they still make decisions  
22 accordingly.

23 As far as the hospitals go, we have  
24 had people sent to the hospital, and I am thinking of  
25 one situation in particular, where a girl was sent  
26 to the hospital, and in my talking to a police officer  
27 that was there, the police matron and the girl's  
28 mother, they had concluded that she had either used  
29 marijuana, hashish, peyote, acid, or liquor, and on  
30 that they made a decision to pump her stomach while





1 she had been freaking it. When I got there she  
2 was already in hysterics. And so they had  
3 decided to pump her stomach to make her feel  
4 better. She had been picked up on the street by  
5 the police, taken to the police station, and at that  
6 time she had already been incoherent and they had  
7 badgered her for several hours with ridiculous  
8 questions of, "Where did you get it?", "Who were  
9 you with?", "Where can we get it?". At that point,  
10 after a couple of hours of incoherent answers they  
11 decided she needed medical treatment and they brought  
12 her down to the McKellar Hospital Emergency, where  
13 she was met by the R.C.M.P. officer who continued  
14 this with the same ridiculous questions as did the  
15 hospital staff, and, you know, culminating with a  
16 climax of pumping her stomach.

17 And then when you get into the  
18 situation of the local police, if you are picked  
19 up you can get a preliminary hearing, and if you  
20 have a preliminary hearing and you are bound over,  
21 you go to the district jail. If you are already  
22 using a drug and you have a reaction, preliminary  
23 hearings are at two o'clock, and if you get to the  
24 district jail and you have a bad reaction around  
25 six or seven, you have to wait until nine o'clock  
26 the next morning to get any assistance because they  
27 have a doctor, which is nine to five, and they will  
28 only use one doctor, so you have to wait until  
29 nine the next morning.

30 If you don't get picked up before



1 two o'clock, if it's after two o'clock, you don't  
2 get this preliminary hearing and you stay in the  
3 local jailhouse overnight, where it is left up to  
4 the discretion of the police officers in charge as  
5 to whether or not you need medical assistance.

6 As far as other established agencies  
7 go, there really isn't any progress either. As was  
8 pointed out, we had an agreement with the Alcohol and  
9 Drug Addiction Research Foundation to analyze the  
10 drugs that were sent from the street, but this was  
11 stopped at Toronto's end. Even the local social  
12 agencies such as Children's Aid Probation, have  
13 admitted that though they get kids that are under  
14 their care, using drugs or having reactions to drugs,  
15 none of their staffs are equipped to handle either  
16 case.

17 Now, I think we get into a really  
18 strange situation when we have kids being able to  
19 walk into a drug store and say, "I want \$1.98 worth  
20 of (Ephedrine) , and I want a disposable works with  
21 6 gauge point on it." And as long as the  
22 person has the money they can buy it.

23 And yet for possession of marijuana  
24 we have these kids being sent away. And I think it  
25 is almost as though we are advocating the use of  
26 speed while we are trying to eradicate the use of  
27 marijuana, which I would think to be a much less  
28 harmful drug.

29 Of one of the more prominent doctors  
30 I asked, "What could be done about the drugstore



1 situation?", and his reaction was that, "You can't  
2 really do anything because the kids can just go  
3 there and say that they are buying the hypodermic  
4 for their diabetic grandmother, and there is no way  
5 that they can be turned down." I really don't see  
6 this as being an answer, and we are pursuing it,  
7 but this is the reaction so far that we have got  
8 from the community. They themselves admit that they  
9 are not equipped to handle the situation and they  
10 are not willing to let people that have used drugs.  
11 There are people who are in constant contact with  
12 people who used drugs, even go into the hospitals  
13 to talk to kids that are having bad reactions to  
14 drugs.

15 I think I would rather look at it  
16 from the approach of city reactions to a drug  
17 situation rather than look at it from the point of  
18 view of the drugs themselves or the political aspect  
19 of it; the fact being that kids are doing drugs and  
20 will probably continue to do drugs. So I don't think  
21 you can eradicate it with legislation, but I think  
22 what you could probably do is direct use of drugs  
23 and, most conceivably, it would be to direct them as  
24 to the most harmless drug that you could find  
25 rather than advocate things like speed, or the use  
26 of hypodermic needles.

27 And that is about all I have got  
28 to say.

29 THE CHAIRMAN: What do you think  
30 is the best arrangement or organization for treatment





1 for handling the immediate medical problems? Do you  
2 think we should have special units for that? Have  
3 you formed any opinion about that?

4 MR. REICHSTIG: I am not sure what  
5 you mean. I am sure the kids are not going to the  
6 Alcohol and Drug Addiction Research Foundation  
7 because it has the stigma of Alcoholics Anonymous,  
8 and the kids just aren't going to it. We find that  
9 the hospitals themselves aren't that reliable because  
10 by the time the kid gets to the hospital, due to  
11 the rules and regulations of hospital procedure you  
12 have -- the R.C.M.P. are automatically involved, as  
13 are the parents.

14 We found that at our Drop-In Centre  
15 we got a lot of kids in, and I think this is probably  
16 where it is handled most. It is handled on the street  
17 by kids who have either used drugs or have been --  
18 like I said, have been in contact with drugs. And,  
19 I think, we have to, probably, support volunteer  
20 organizations more than we do a professional approach  
21 to it, although professionals are needed in the  
22 community of our size. Like, we have only been able  
23 to find one doctor who has been willing to come and  
24 help a kid no matter what time of day or night, at  
25 no expense and with no questions asked.

26 We found that in the hospitals they  
27 were allowing the R.C.M.P. to question the kids while  
28 they were there, while they were reacting, while  
29 they were incoherent, while they were just freaking,  
30 and we found that this was making the kids a lot more



1 tense, and the hospital has helped somewhat in  
2 making a move that the R.C.M.P. can't -- I believe  
3 they have decided the R.C.M.P. can't talk  
4 to a patient until the patient has come down.

5 MR. STEIN: What is the relationship,  
6 from your point of view, between your Drop-In Centre  
7 and the law enforcement here?

8 MR. REICHSTIG: The relationship is  
9 really bad. It's started to pick up. The police  
10 are phoning us when they get kids for housing  
11 problems and feeding problems, but we are not  
12 equipped to handle that ourselves yet, either. When  
13 it comes to things like drugs we usually -- on  
14 occasion we have R.C.M.P. officers sitting in their  
15 cars across the street until people notice them and  
16 wave to them and then they drive off.

17 MR. STEIN: What would your view be --  
18 there is an organization in Victoria called "Cool Aid".  
19 There is also one in Vancouver, but this is the one  
20 in Victoria, this is a separate organization, and  
21 last week the person running it told me that one of  
22 the ways they have, in their estimation, improved  
23 the relationship with the law enforcement there is  
24 to have a regulation that their premises are always  
25 open to anyone in the community that wants to come  
26 down and find out what they are doing. In other  
27 words, they have an open invitation to anyone to  
28 come in. And the effect of this, over a three year  
29 period; this has been in effect, three years later  
30 that they have gotten this fairly good relationship,





1 is that by and large, most people in the community  
2 don't come. But the argument this fellow gave me  
3 was that the knowledge that people can come, that  
4 it isn't a closed Centre, only for certain individuals,  
5 seemed to -- it seemed to be one of the factors,  
6 anyway, in improving the relationship.

7 MR. REICHSTIG: We have been in  
8 operation for three years now, and it has always been  
9 open.

10 MR. STEIN: Have there ever been  
11 any interested, friendly visits on the part of --  
12 not simply law enforcement, but concerned ---

13 MR. REICHSTIG: Other than the odd  
14 drunk staggering in, no.

15 MR. STEIN: There haven't?

16 MR. REICHSTIG: No.

17 MR. STEIN: Would you welcome this  
18 kind of interest?

19 MR. REICHSTIG: We have had on very  
20 rare occasions, people coming down, and the parents  
21 of the people involved. We have about thirty kids  
22 that come, maybe five or six days of the week, and  
23 then we have, probably, another seventy-five to a  
24 hundred who come two or three times a week, and then  
25 we have, probably, another fifty-five, seventy-five,  
26 who come on occasion. And of the parents of the kids  
27 who are involved, they appreciate it.

28 What we usually do is get community  
29 resistance from people who are not involved.

30 MR. STEIN: Is your facility available



1 twenty-four hours a day?

2 MR. REICHSTIG: No, this is a  
3 facility that -- we are budgeted through Parks and  
4 Recreation, and we are given the money from City Hall.  
5 But, because of that, there are a lot of involvements---

6 MR. STEIN: Are you a nine to five  
7 operation?

8 MR. REICHSTIG: The building is  
9 nine to five, the building itself has varying times  
10 that it is open, but most of the work being done is  
11 not in the building itself.

12 MR. STEIN: It is on the street?

13 MR. REICHSTIG: Yes.

14 MR. STEIN: Let me put it this way,  
15 is there, in this city, available to a young person,  
16 or to anybody, for that matter, who are finding them-  
17 selves in difficulty with a drug reaction, are they  
18 able to have ready access to either yourself or  
19 someone else involved?

20 MR. REICHSTIG: With the kids  
21 involved, who come down to our Drop-In Centre, we  
22 hand them out cards that have the phone numbers of  
23 all the staff members, and on the back, we have the  
24 phone numbers of free medical service, free --  
25 people who will give free legal service, ministers  
26 who can be called, Legal Aid, Human Rights; we have  
27 the phone number of the Nurses' Registry for Drug  
28 Emergencies. So, it is readily available at all  
29 times as far as the cards are circulated though.  
30 That is a problem.



1 MR. STEIN: Let me just go back to  
2 my very first question. What do you assume to be  
3 the reason for the unhappy relationship that you  
4 infer exists between yourself and law enforcement?

5 MR. REICHSTIG: We have always had  
6 a stigma attached because, I think, of outside  
7 appearances, because we are using a condemned building,  
8 because the kids sit up on the roof on their chairs,  
9 because they have long hair, because of social  
10 attitudes, more than just an isolated community.  
11 And, I think, that this has affected -- like I said,  
12 people that are not involved. But parents of people  
13 who are involved, we don't have any problems with  
14 them.

15 MR. CAMPBELL: You mentioned -- or  
16 I took it that you mentioned, that the hospital has  
17 a policy of advising the police of anyone who is  
18 admitted with a drug problem. Am I correct in that?

19 MR. REICHSTIG: This is the way it  
20 has been, and this is what we have taken to be policy.  
21 This is what they have done in the past.

22 DR. LEHMANN: Have you talked to  
23 them about it and questioned them, why they are  
24 doing it, whether they intend to continue it, whether  
25 they are doing it in the first place, and whether  
26 they are intending to continue it?

27 MR. REICHSTIG: As far as the  
28 hospital goes, we have, like I said, one doctor  
29 in our city who is willing -- he does free work for  
30 us, and he has had contact with the hospital, and,





1 I think, it is through him, that he has talked to  
2 them, and they pretty well decided that the R.C.M.P.  
3 won't talk to the kids.

4 DR. LEHMANN: So, it is not the  
5 policy any more?

6 MR. REICHSTIG: As far as I know,  
7 it is not the policy now.

8 DR. LEHMANN: Well, don't you think  
9 one can find out? You see, you made it a very  
10 important point, and now you say, "I don't think it  
11 is, maybe, but ---"

12 MR. REICHSTIG: I'm saying that in  
13 the cases that we have had in sending people down,  
14 it has not been the policy.

15 DE. LEHMANN: But in future -- can  
16 you find out if they are still doing it or not?

17 MR. REICHSTIG: Yes.

18 MR. CAMPBELL: There are two things  
19 coming out here. You are talking, at the one point,  
20 about the hospital advising the police of the drug  
21 admission, and secondly, talking of police questionning  
22 of people while still high. Now, am I right that you  
23 are saying that it is their policy to not permit  
24 the questionning but that they still advise the  
25 police of the drug admission?

26 MR. REICHSTIG: Yes.

27 DR. LEHMANN: Well, have you  
28 questioned that policy?

29 MR. REICHSTIG: So far, we have not  
30 had any contact with the hospital other than through



1 Dr. McLeod.

2 DR. LEHMANN: Well, I understand  
3 that you are concerned with the fate of people who  
4 freak out, and this is your role in the community,  
5 and you are also complaining bitterly about this  
6 policy which could well be criticized, and yet you  
7 do not find it necessary to even find out whether  
8 this is still the policy and why it is a policy, and  
9 whether it is going to be continued. And it could  
10 be questioned because the Canadian Medical Association  
11 has declared it unethical to do this. So, it would  
12 be very difficult for any hospital to defend this  
13 policy. But if nobody brings it to their attention;  
14 I would really think that a Drop-In Centre would do  
15 this.

16 MR. REICHSTIG: Well, this is what  
17 I was saying. Through Dr. McLeod, they have not been  
18 doing this. They have stopped the R.C.M.P. from  
19 talking to them.

20 DR. LEHMANN: But you say they still  
21 advise the R.C.M.P. that they have a drug case.

22 MR. REICHSTIG: Well, this is  
23 something I was not aware of.

24 DR. LEHMANN: But it might be a good  
25 idea, it seems to me, to get the evidence clear,  
26 because it is very important. I don't have to stress  
27 that to you. And it would be, it seems to me from  
28 what you say, a considerable comfort to/you with the problems  
29 that you have to deal with/these people, if they knew  
30 that this would no longer be the policy.





1 MR. CAMPBELL: Have you seen,  
2 during the present year, changes in the patterns  
3 of drug use in Thunder Bay, or have you seen changes  
4 of motivational aspects of drug use?

5 MR. REICHSTIG: I would say that  
6 within the last year, year and a half, there has  
7 been a very sharp increase in the number of people  
8 who have started using the amphetamines. Before  
9 that, most people really looked down on amphetamines  
10 and those that were using hypodermics, but it has  
11 had a noticeable, very noticeable increase.

12 MR. CAMPBELL: Any idea of what the  
13 principal factors in this have been?

14 MR. REICHSTIG: I think, partially,  
15 because of our isolation. Drugs come in here so  
16 spasmodically. At times you will have so many  
17 varieties of drugs on the streets that people will  
18 have to lower their prices, and then for months you  
19 may not have any. And a lot of people -- in talking  
20 to a lot of people who have started to use ampheta-  
21 mines, I have found that they would have been content  
22 to continue using marijuana, but because of the  
23 effectiveness of the R.C.M.P. they have started to  
24 mainline speed.

25 THE CHAIRMAN: Well, the effects of  
26 marijuana and the effects of the amphetamines are  
27 quite different. What conclusion are we to draw from  
28 that statement as to motivation of people who are  
29 using these drugs? They are quite different drugs --  
30 drug experiences. Is it just a generalized seeking



1 after some kind of a kick?

2 MR. REICHSTIG: I don't think I  
3 can speak for the community in general because we  
4 deal with the younger kids. We deal with kids on an  
5 average between the ages of fourteen and sixteen, and  
6 with these kids drugs are basically being used  
7 because of kicks, because of peer relationships.

8 THE CHAIRMAN: It is a big jump from  
9 marijuana to the intravenous use of speed. There would  
10 appear to be no relationship between the two.

11 THE PUBLIC: Mr. Chairman, excuse me,  
12 I have heard of people, I guess you would call "pushers",  
13 who have said they want to push speed rather than  
14 smoke because they don't want to get busted. As far  
15 as I know, there has never been a bust for methedrine  
16 in Thunder Bay.

17 DR. LEHMANN: But would a kid accept  
18 just about anything from a pusher because a pusher  
19 says so?

20 THE PUBLIC: I imagine there is quite  
21 a bit of social pressure to take whatever is available.

22 DR. LEHMANN: Well, suppose you would  
23 have candy available instead of grass, would they take  
24 it?

25 THE PUBLIC: Sure.

26 MR. CAMPBELL: What about relative  
27 cost? Does this enter into it at all? Is speed  
28 significantly less costly than acid or grass or hash?

29 MR. REICHSTIG: This again, I think --  
30 it depends, because the cost of acid varies to a great



1 degree at different times, from anywhere from \$2.00  
2 a tab to anywhere to \$10.00 a tab. I think it is a  
3 matter of availability and the kids around here --  
4 you know, if you are going to generalize the kids,  
5 and it is kind of hard, because a lot of different  
6 people are doing drugs, will do a variety of drugs  
7 at the same time, and if there is no marijuana in  
8 town, I think this has been an influencing factor in  
9 the rise of speed. And as it was pointed out, the  
10 possession of the amphetamines is not illegal.

11 When you get cases of the police  
12 having to give back 500 tabs of amphetamines because  
13 he was not right in taking them away, and then busting  
14 kids for possession of marijuana, a lot of the people --  
15 I can't say a lot of people, but I suppose that would  
16 be an influencing factor.

17 MR. CAMPBELL: You spoke of the  
18 intravenous use of speed. Is there a sharp increase  
19 in oral use of speed as well?

20 MR. REICHSTIG: Not with the kids  
21 that I have seen.

22 THE CHAIRMAN: Have you seen any  
23 heroin?

24 MR. REICHSTIG: Yes. Heroin came to  
25 town in very small amounts, as far as I know, over  
26 the past month and a half.

27 MR. CAMPBELL: What about the reaction  
28 to heroin? Is the climate ripe for heroin to be  
29 accepted?

30 MR. REICHSTIG: I don't think it is yet.





1 MR. CAMPBELL: What about with the  
2 younger kids, those who are, perhaps, less sophis-  
3 ticated in their drug knowledge? Would you be  
4 concerned here about the climate being ripe for  
5 heroin?

6 MR. REICHSTIG: No, I think it is  
7 going to take a while before people around here are  
8 going to be concerned. I think right now in Thunder  
9 Bay, the main problem has always been alcohol, and  
10 it is still the main problem with the kids around here.  
11 But I think with the increase of speed, this is  
12 probably where my concern lies.

13 MR. CAMPBELL: Speaking of alcohol,  
14 do you run across kids coming to the Centre if they  
15 are having trouble handling alcohol?

16 MR. REICHSTIG: No. We get a parti-  
17 cular type of kid, there are several Drop-In Centres,  
18 and we find that the harder kids, the kids that  
19 are using alcohol are probably apt to get in trouble  
20 with the law, go<sup>to</sup> the Wayside Centre. But originally,  
21 about three years ago, we only had one, and they  
22 were all using the same place. Now, we have several  
23 and they have, sort of, fractionized. But, we do  
24 get kids -- drugs are not the main problem with the  
25 kids at our Drop-In Centre. They have problems with  
26 alcohol, they have problems with drugs, but again,  
27 to go back to some of the points that were being  
28 made this morning, I think that the biggest problems  
29 that we are having with kids who are using drugs,  
30 with the younger kids, it is a reaction to home



1 situations.

2 MR. CAMPBELL: Do you feel that  
3 there are particular factors in the home situation  
4 that would stand out causally?

5 MR. REICHSTIG: With the people that  
6 we are involved with, I would say that the main factor  
7 is a parent that uses an excess of alcohol. In the  
8 majority of the cases, it is the father. This, we  
9 have seen, tends to make the kid take a swing, either  
10 to saying that, "I just don't give a damn", and using  
11 excess of alcohol himself, or deciding that he is  
12 going to use something else, rejecting the alcohol and  
13 going over to something else. And that, at times,  
14 would be drugs.

15 MR. CAMPBELL: What about the concern  
16 of these kids for some of the apparently global  
17 problems, problems of pollution, ecological problems,  
18 war, and so on? Is this a major contributing factor?

19 MR. REICHSTIG: Like I said, we deal  
20 with mostly the younger kids, and they are really not  
21 concerned with global problems. They come from family  
22 situations where they have usually got three pieces  
23 of furniture, the couch the old man sits on, the  
24 television set, and the case of beer he drinks. So  
25 they are not really concerned about the war, they  
26 are more concerned about staying in school, and being  
27 thrown out because they wear their pants over their  
28 cowboy boots, and they are more concerned about just  
29 eating ketchup sandwiches for Christmas supper, or  
30 sleeping in church pews over Christmas. They are more





1 concerned about themselves, and it is pretty rightful  
2 that they are.

3 THE CHAIRMAN: What did you say their  
4 ages were, again?

5 MR. REICHSTIG: We deal with kids,  
6 on an average, that are between fourteen and, say,  
7 seventeen, although we get kids, you know, on both  
8 ends that are a year or two ---

9 DR. LEHMANN: Would you say the  
10 problem is poverty or family structure, or both?

11 MR. REICHSTIG: I think it is both,  
12 but basically, it is poor family structure, because  
13 even though some of the families are in a fairly  
14 well off income bracket, you wouldn't notice it from  
15 their lifestyle.

16 DR. LEHMANN: Have you ever been  
17 able to, or is there any attempt being made, or would  
18 it be sensible to try to talk to these parents, or  
19 is it a hopeless proposition?

20 MR. REICHSTIG: We have attempted to  
21 talk to some of the parents. When you get into the  
22 middle class home, we found that in one incident we  
23 have had three kids run away from the same home, and  
24 the mother absolutely refuses to accept the fact  
25 that they have run away because they could afford to  
26 fly, and therefore, she says, they didn't run away.

27 We have really found very little  
28 success in talking with the kids -- or with the  
29 parents, rather. Like I said, most of the parents  
30 are content to have the kids come down to the Drop-In



1 Centre, and at least they are out of their way and  
2 maybe some good will come out of it.

3 MR. CAMPBELL: Are you concerned  
4 about heroin this summer?

5 MR. REICHSTIG: This summer, no.

6 MR. CAMPBELL: Further off?

7 MR. REICHSTIG: It is hard to predict  
8 when these things are going to happen. I really am  
9 not concerned about heroin this year.

10 MR. CAMPBELL: Is there much use  
11 locally of other drugs available from drugstores and  
12 across-the-counter sales?

13 MR. REICHSTIG: This has gotten to  
14 be a problem. Like I said, because drugs are a  
15 spasmodic thing, we have had kids who have done a  
16 variety of drugs. I would think the worst case that  
17 we have had would be when we had three kids that had  
18 done a commercially sold substance, which was  
19 basically bella donna, and was used for asthma, and  
20 they had eaten it and they were having very severe  
21 hallucinations for approximately twelve hours.

22 MR. CAMPBELL: Was this (inaudible)

23 MR. REICHSTIG: I don't know what  
24 it was, we weren't able to trace it, but they said  
25 they had bought it in a drug store. When we had gone  
26 to the drugstores they said the chemical had been  
27 off the shelf for the last half a year, so they may  
28 have gotten it from one of their homes. But, the  
29 problem was that, we were afraid, because if the basic  
30 ingredient was bella donna, we were afraid of them



1 going unconscious. And we had one who kept on  
2 falling asleep, and his respiration got less and less  
3 and at that point, we had to call a doctor.

4 THE CHAIRMAN: I think we could  
5 obviously go on with profit in this discussion with  
6 you. Unfortunately, I have allowed us to run a bit  
7 behind in time. I am told we have to leave here at  
8 five, and we have got about twenty-two odd minutes  
9 and we have to hear now, still, from Mr. Ken Boshcoff  
10 of the Drug Information Centre, whom I will call on  
11 next, and Mr. Louis L. Peltier. And thank you very  
12 much, Mr. Peter Reichstig, for your assistance this  
13 afternoon.

14 I call on Mr. Boshcoff now.

15 MR. BOSHCOFF: By and large, this  
16 report is in four parts. The first two parts deal  
17 with what the situation was at the university and  
18 how we tried to cope with it in the community. The  
19 first few pages show how we set up a committee and  
20 instigated a program of communication and education  
21 and information. Due to the time factor, I will just ---

22 THE CHAIRMAN: Sorry you don't have  
23 more time.

24 MR. BOSHCOFF: I will go through it  
25 and you can read it later.

26 The second part deals with the new  
27 permanent structure we have set up here for the  
28 summer months.

29 I will just summarize the points I  
30 have made in it for the last three pages, starting at





1 the first, page 6. You will notice there are two  
2 of them.

3 "It seems increasingly apparent, due  
4 to the work of this commission, that (a) some differen-  
5 tiation between the occasional pot smoker and the  
6 addict must be made; (b) it is now known that speed  
7 in many forms can be purchased at corner drug stores;  
8 (c) further "rumours" of alleged police brutality  
9 and illegal procedures are now occurring far too  
10 frequently, thus indicating that there may be some  
11 truth in them; (d) recent arrests for possession of  
12 LSD have been dropped because the alleged acid did  
13 not contain any LSD.

14 For each of the aforementioned points  
15 it is recommended:

16 a) that a moratorium on marijuana arrests  
17 begin as soon as possible;

18 b) that tighter control on amphetamine  
19 and barbiturate sales be imposed;

20 c) that the R.C.M.P. concentrate their  
21 efforts in its most needed area which is the source  
22 of all drug supplies, not the person on the street;

23 d) that the A.D.A.R.F. be allowed to  
24 continue analyzing drugs for the benefit of all  
25 concerned. This would also help the R.C.M.P. as  
26 bad drugs would lead to a smaller demand in the market."

27 Part Three was done by the committee  
28 itself and is generally the attitude held by it,  
29 particularly on the cannabis situation.

30 I. Perhaps it would be helpful if an



1 analysis of class be done on past trafficking as it  
2 is not believed that working class people, due to  
3 unemployment or other reasons, must turn to trafficking  
4 to exist. This is in contrast with upper class drug  
5 users who are able to transcend several levels to  
6 distributors.

7 II. Most learned people will contend  
8 that since marijuana and hashish are considered  
9 harmless, why are they considered as "narcotics"?  
10 Medically, this term does not apply to the cannabis  
11 family.

12 III. Use of marijuana and hashish begins  
13 with the dawn of civilization. The problems associated  
14 with it have occurred only as it was made illegal.

15 IV. The narcotics laws now in effect  
16 were made before the youth of this country was born.  
17 They now suffer under these harsh laws even though  
18 they did not have a voice in their passing.

19 V. It is a proven fact that criminal  
20 syndicates and crime resulted directly from the  
21 prohibition era and the same mistakes are now en-  
22 couraging the same type of criminal activity.

23 VI. When marijuana and hashish are in  
24 short supply, chemicals such as LSD, speed and  
25 narcotic substances become more readily available due  
26 to market manipulation by organized crime.

27 VII. These organizations are like the  
28 rest of society -- profit-orientated and deal in  
29 quantity rather than quality. As a result, young  
30 people are taking drugs which are very dangerous.





1 The Winter '69 issue of "Addictions" indicates that  
2 the causative factors of particular "bad trips" lie  
3 chiefly in the drug user himself, in the circumstances,  
4 or the product and the prevalence of laws.

5 VIII. By outlawing cannabis society is  
6 creating a generation of criminals, a situation which  
7 can no longer be tolerated.

8 IX. By attacking the symptom and not  
9 the cause, society has failed in its duty.

10 X. No valid statistics are available to  
11 show that marijuana and hashish will induce an indul-  
12 gent to commit crimes upon society. Therefore, by  
13 the legislation of morality and prohibition of what  
14 an individual may or may not do to himself, the  
15 personal freedom of an individual is violated.

16 XI. Because the R.C.M.P. are using the  
17 marijuana laws to obtain promotions through the  
18 convictions of young people, complete disrespect  
19 for this once-honourable organization is now held by  
20 a vast majority of young people including non-users.

21 Summary: The rapid increase in the use  
22 of speed, and cocaine and imminent approach of heroin.."  
23 (I will just add to Peter's comment about heroin not  
24 approaching his particular area; it does not apply to  
25 the university situation where cocaine has been used  
26 during the past winter and heroin is noticeable. I  
27 won't say it is common, but it is noticeable. The  
28 only conclusion you can draw from that is, it will  
29 be filtering down to the younger people eventually.)

30 DR. LEHMANN: How is cocaine being used?



1 MR. BOSHCOFF: Shot intravenously.

2 "They believe that cannabis is a safe  
3 stimulant which allows them to function in society  
4 without anti-social behaviour which might cause them  
5 to be a burden in any way. We believe that the  
6 speed and cocaine use in the Lakehead is a symptom  
7 of a larger disease. Alienation from society is  
8 a desire to escape from irrelevant goals. Whereas  
9 use of cannabis and the other hallucinogenics is  
10 primarily of social origin"-- the statistics that  
11 I point out haven't been done by survey, but just  
12 through logic, we have been using in the past  
13 six months --"(our own committee's estimate is that  
14 80% of all Lakehead high school and university  
15 students have experimented with some form of drug,  
16 half of this total become frequent users" -- and  
17 there you can define between regular, infrequent,  
18 and other forms of use -- "and 5% develop some  
19 habitual and psychological dependence). There thus  
20 remains those who seek a non-committal status which  
21 the suicidal hard drugs makes possible.

22 Hence, we appeal for equity towards  
23 cannabis users and the censuring of the R.C.M.P. who  
24 continue to make small arrests for their own  
25 aggrandizement. In this way, they avoid making  
26 contact with organized crime just because children  
27 don't carry guns."

28 MR. STEIN: I have a question on the  
29 first part of the report that you didn't read, but  
30 I read while you were reading the other part. It is



1 in reference to the general attitude that you took  
2 toward education. It appears as though, and you  
3 have stated on page 3, that your approach to this  
4 education program was characterized by mentioning only  
5 the detrimental effects of the various classes of  
6 drugs. This surprises me, frankly, because we have  
7 been told, I think, almost everywhere that the  
8 educational programs which only attempt to portray  
9 one aspect of the drug users experience, i.e. the  
10 possible negative aspect, is really not going to  
11 reach the ears of anyone, especially the population  
12 of young people who may be potential users, because  
13 it will seem to be biased, and so forth.

14 Now, what sort of -- what motivated  
15 you, I guess, to take that tack and what kind of  
16 response did you get?

17 MR. BOSHCOFF: All right. First of  
18 all, before anybody would actually listen to us, we  
19 had to make some sort of commitment as to what kind  
20 of attitudes we had, you see. Most pro group -- most  
21 pro drug groups don't receive much of a hearing from  
22 anybody, you see. Our approach differed in its  
23 negative aspect in that we weren't trying to scare  
24 anybody, and we left the rider that the choice was  
25 still up to the individual, you see, that we couldn't  
26 really foresee them gaining any complete insight,  
27 but it could alter their perspectives in some way. The drugs  
28 we always said, may or may not, you know, it always  
29 depends on the user, his maturity, things like that,  
30 even his biological make-up. Most other approaches





1 just come in and say, "This is bad because you can  
2 go crazy, and start raping and murdering", but we  
3 would say, for hashish, most of them who have done it,  
4 like it, but they really don't know it can severely  
5 damage the lungs. Most people experience the  
6 depression, after, but they don't really figure it  
7 out to be much. We would say that there is a  
8 depression.

9 MR. STEIN: In other words, you would,  
10 if I understand you correctly, that you would attempt  
11 to point out the potential negative consequences that  
12 might occur to an individual, but you weren't portray-  
13 ing them as the only kind of consequences; is this  
14 the way you did it?

15 MR. BOSHCOFF: Right

16 MR. STEIN: The other question was,  
17 sort of, zeroing in on this. You say, in relating  
18 to your approach to alcohol, that, you said, it was  
19 to be avoided as much as possible, while emphasizing  
20 older people's hang-ups as a living example. What  
21 would you do with the statement that someone might  
22 make that alcohol may be used for other reasons,  
23 that there are, duly, a population of people having  
24 real problems with it, but that there are an awful  
25 lot of people who are not? In other words, maybe  
26 you have answered the question, already, in  
27 general, and I should have started with the par-  
28 ticular. In other words, you weren't out to say you  
29 can't have any kind of a positive experience, you  
30 were just out to make sure people were aware--to



1 make sure of the negative-positive consequences?

2 MR. BOSHCOFF: That's it.

3 THE PUBLIC: Mr. Chairman, may I ask  
4 a question?

5 THE CHAIRMAN: Yes?

6 THE PUBLIC: I was working with  
7 Mr. Boshcoff on this university committee all this  
8 summer until now, and although I agree with some of  
9 the ideas that Mr. Boshcoff expressed, and some of  
10 the facts as portrayed, I must state that I think  
11 the majority of<sup>what</sup>/Mr. Boshcoff states is his own  
12 personal opinion and his own personally obtained facts  
13 rather than the opinion and facts gathered by the  
14 committee, and I do not think that his opinions are,  
15 not entirely, but even a small percentage of his  
16 opinions are representative of this committee, and  
17 are more representative of his own personal opinions.

18 MR. BOSHCOFF: Well, let us just say  
19 that this report was made up by the committee in  
20 general. I did it, because, by and large, there was  
21 only one member on the committee when we needed the  
22 guy; sorry, Garth.

23 But, it is true that this is a consensus  
24 opinion and there may be minority reports on various  
25 aspects, but in general ---

26 THE PUBLIC: I would term yours  
27 as a minority report, as from what I have gathered  
28 the group expression of opinions and objectives of  
29 this committee were.

30 DR. LEHMANN: Did the committee not





1 want to make a minority or several minority reports,  
2 then, and why not?

3 MR. BOSHCOFF: Mostly because the  
4 committee was sort of dissolved through a series of  
5 arrests and things.

6 THE PUBLIC: Part of the failing of  
7 this committee, as I saw it was due to lack of  
8 public response. This committee saw a problem, had  
9 some information available, and had rapport with youth.  
10 I think this was the most important aspect of the  
11 committee. We were all in between and we were  
12 willing to <sup>talk in</sup> high schools, to church groups, to whatever,  
13 but there was very <sup>poor</sup> response. School Board officials  
14 said, "No, if you aren't going to come out against  
15 drug usage, you cannot come into our schools." We  
16 were invited by a couple of high school teachers  
17 individually, but in general the response was very  
18 poor from the public. And we had set ourselves up  
19 as, hopefully, speaking with the public -- not so much  
20 that we had knowledge to tell, but that we could  
21 sponsor a group dynamics things, and I think this was  
22 the primary reason for the failure, that there was  
23 no public response.

24 And another thing, it was a university  
25 community, exams, etc., and getting more financing  
26 from the student body, and so on. But it is this kind  
27 of lack of organization why I have one opinion and  
28 Mr. Boshcoff has another. And I don't think this  
29 is synthesized into a committee report yet, and we  
30 are still speaking as individuals as yet, because it



1 is a young committee.

2 DR. LEHMANN: When you were addressing  
3 the students, were you challenged regularly or  
4 frequently or challenged at all as to whether you  
5 had been on trips yourself?

6 MR. BOSHCOFF: This question invariably  
7 came up. I might point out that most of our talks  
8 eventually went to adult groups, you see; St. Joseph's  
9 General Hospital, medical staff meetings, things like  
10 that; -- on Monday I will be talking to  
11 parents of high school students at a high school.  
12 So that, they want to know if what we say has been  
13 tempered by experience, we have to admit it, because,  
14 you see, it is true. But we also point out that, by  
15 and large, many of the members of the committee no  
16 longer use drugs, just because of the information that  
17 they have received, you see.

18 DR. LEHMANN: Would anyone be accepted  
19 of the peer group who may have the same information  
20 as you have, but not have personal experience, or  
21 would he immediately lose all credibility?

22 MR. BOSHCOFF: No, we have had members  
23 on the committee in the university especially, which  
24 spans all degrees of experience and people who had  
25 not even smoked cigarettes or gotten in jail.

26 THE PUBLIC: To <sup>along</sup> go with Ken, I think  
27 that the approach that he has, sort of, outlined here,  
28 is one that seems about the most practical in that  
29 he is not taking just one side and turning a group off,  
30 whereas some of the information that has been distri-



1 buted amongst the high school crowd and even the  
2 university crowd -- I set an example -- I just saw  
3 it the other day, it is a handbook for parents on  
4 drugs. It is a little comic book type of thing, and  
5 everything in there is -- it is an over-reactionary  
6 piece of literature --there is absolutely no good  
7 from drugs at all.

8 But, you know, there are some benefits  
9 from it. Let's admit it. This group is not willing  
10 to -- that is the attitude of many of the adminis-  
11 trators that are in charge of the youth. They only  
12 want to see one side, perhaps because they are afraid  
13 of something, maybe it is a slam at them, maybe it  
14 is a slam at their social authority. Well, whatever  
15 it is, that type of thing, I think, is -- we are  
16 going around this in the type of presentation that  
17 Ken has come up with.

18 And it is true that the committee did  
19 lose some support, but there are valid reasons for  
20 it, and I think that both -- Garth presented a good  
21 side today too, and another reaction to it, and neither  
22 one should be -- I don't think the purpose was to  
23 take something away from the other person's argument.  
24 Both of them were very valid, and I think many of us  
25 agree with parts of both. Personal opinions are bound  
26 to come into something like this. But the approach  
27 that Ken has come up with for dealing with the high  
28 school students is a necessary approach in order to  
29 get around the administrators.

30 THE CHAIRMAN: Fine. Well, thank





1 you very much, Mr. Boshcoff, for your submission  
2 and your assistance.

3 MR. BOSHCOFF: Thank you.

4 THE CHAIRMAN: I call now on Mr. Louis  
5 L. Peltier, Jr. I'm sorry to have left you so little  
6 time, Mr. Peltier.

7 MR. PELTIER: I don't want to use the  
8 mike, I don't like to. I would rather stand on my  
9 feet and face you.

10 Well, Mr. Chairman, fellow commis-  
11 sioners, the press, and people of the audience. I  
12 have two constructive criticisms to make before I  
13 start -- I don't want to use that mike. I will  
14 speak into it.

15 I have two constructive criticisms.  
16 For your knowledge and information, I have put in  
17 about seven or eight briefs into different commissions  
18 and hearings here in the last two years, and it looks  
19 like to me, gentlemen, you have made two errors. You  
20 have no women and no ladies on this Commission, and  
21 you have no young man there, or young women, if you  
22 want, under twenty-two or twenty-three.

23 THE CHAIRMAN: I should just tell you  
24 by way of answer that we have -- it wasn't your  
25 fault, you would not know this, and it was my error  
26 this afternoon, I did not mention it this morning,  
27 but we have a lady on the Commission, Professor  
28 Marie Andree Bertrand of Montreal, but she has been  
29 unable to be here today because she has had to  
30 remain in Montreal. We were misled into thinking that



1 Mr. Stein was the young member of the Commission.

2 We did not make a careful enough check on his age.

3 MR. PELTIER: Well, as long as he  
4 thinks like a young person, then it will be okay.

5 Now, let us get down to brass tacks,  
6 okay? I think you're in trouble with your Commission.  
7 You know why you are in trouble? I can tell you why  
8 you are in trouble. That is why I didn't hand in  
9 any brief, a written brief, because it was issued  
10 in The Globe and Mail a few days ago that a 600 page  
11 report was handed into Ottawa with recommendations  
12 from your former hearings. In other words, these  
13 recommendations are already handed in and, as  
14 far as I am concerned, our little session here will  
15 not have much power on the scene because the recom-  
16 mendations are already in Ottawa from your other  
17 hearings, and why are you not going to do something  
18 about this in Ottawa? You mentioned that at the  
19 start, sir, but you were not very plain on this one  
20 point and I listened to it closely.

21 THE CHAIRMAN: Yes, well ---

22 MR. PELTIER: Just a minute -- let  
23 me finish, I want to explain this a little bit more  
24 clearly. I don't mind telling you that several of  
25 my friends said they would not put in an appearance  
26 here, because, they said to me, "Mr. Peltier, what  
27 is the sense of putting in an appearance. It is  
28 all cut and dried. The report is at the printers  
29 in Ottawa, it is all settled." Well, I said, "I won't  
30 put any brief in, but I will speak verbally, and that





1 is why I am here.

2 Now, don't take this personally.

3 I am expressing an opinion of other people.

4 THE CHAIRMAN: That is a perfectly  
5 legitimate question for you to raise.

6 And the answer on that is that we were  
7 required by our terms of reference to make what is  
8 called an "interim report", a preliminary report  
9 after a certain initial period, and then a final  
10 report. Well, we had to make the interim report  
11 and actually we made it later than we had hoped and  
12 planned to make it, but certainly, we couldn't delay  
13 it any longer. But it is only a preliminary report  
14 and we are now working on the final report, and so  
15 this hearing -- and I'm not just saying this for  
16 appearances; it is absolutely true, this hearing is  
17 completely relevant and valuable to us for purposes  
18 of our final report, because -- I can't disclose what  
19 is going to be in the interim report, but I can tell  
20 you that it is only an interim report; it is only  
21 preliminary. It indicates our preliminary under-  
22 standing of the thing, and some recommendations, but  
23 it also indicates that we still have a lot to learn,  
24 in our opinion, about this whole thing, and that we  
25 are going to continue to study various aspects which  
26 have been discussed today.

27 But, your question is a very fair  
28 question, but that is the truthful answer to it.

29 So, it is not unnecessary. We are going to continue,  
30 we have several more hearings in Ontario, and several



1 more hearings in Quebec.

2 and we are going to be working through this next  
3 year, preparing our final report.

4 I should also say this, Mr. Peltier,  
5 that in a sense, we have benefitted a bit by going  
6 through the preliminary report stage because when we  
7 go to these hearings, since we have put the preliminary  
8 report to bed, so to speak, we have a better under-  
9 standing of what we want to learn, frankly, and we  
10 are able to zero in a little bit better on specific  
11 aspects. And our own feeling is that we are benefit-  
12 ting from the hearings that we have had since we  
13 prepared the preliminary report, for that reason.  
14 So, I quite understand your concern, I think it is  
15 a fair question, but I would hope that you would  
16 convey the substance of my answer to your friends,  
17 because we -- and incidentally, I should say this --  
18 the report has not been turned in, the report is in  
19 our hands still, but as the Globe says, the English  
20 version has been completed since the beginning of  
21 April and we are waiting for the completion of the  
22 French version. The government does not have the  
23 report.

24 MR. PELTIER: Well, let's put it this  
25 way then. I know something about publicity. That is  
26 my angle, that is my work. Don't think I'm taking  
27 this personally, but according to that Globe report  
28 there was a statement -- and whoever is your publicity  
29 man in Ottawa made a fluke. He made a fluke, in other  
30 words, he made a serious publicity error. He should



1 not have issued a statement that there was a possibility  
2 marijuana would be taken out of The Narcotics Control  
3 Act and placed under the Food and Drug Act. That  
4 was a serious error because it looks to me like that  
5 is a smart way of trying to influence the people to  
6 take this particular drug and put it under the Food  
7 and Drug Act. Am I right? That would have been  
8 better, sir, to my angle, because I have been in the  
9 publicity business all my life, and I think that was  
10 a serious flaw, to put that in -- just let me explain  
11 it. There was a possibility there that a lot of  
12 people would be undecided, that they should put this  
13 particular drug under the Food and Drug Act, and they  
14 say, "Well, we'll put it under the Food and Drug Act."  
15 That is the psychology, to put the pressure on the  
16 people's thinking.

17 THE CHAIRMAN: I think that is a fair  
18 observation too, and I can say this to you in complete  
19 confidence, there is no basis as far as the Commission  
20 and staff are concerned, there is no basis whatever  
21 of any of the speculation that has been seen in the  
22 paper concerning the contents or recommendations of  
23 the interim report. Nobody has any basis for the  
24 statements made from the Commission and its staff.  
25 All that was stated from Ottawa was the simple fact  
26 that the English version is in our possession and we  
27 are waiting for the French, and the rest is pure and  
28 utter speculation.

29 MR. PELTIER: I will take your word  
30 for it.





1 THE CHAIRMAN: No question about it.

2 MR. PELTIER: I will take your word  
3 about it.

4 THE CHAIRMAN: They are fishing in  
5 the dark.

6 MR. PELTIER: Now, let's get down  
7 to brass tacks. Do you know you are trouble? Do  
8 you know why you are in trouble?

9 THE CHAIRMAN: It is a tough problem.

10 MR. PELTIER: Yes, that is right.  
11 What are you going to do when you sign your name to  
12 that report and hand it in in six months? You are  
13 going to lose a lot of sleep at night.

14 THE CHAIRMAN: We have lost it already.  
15 It is a big responsibility.

16 MR. PELTIER: Just a minute, now.  
17 Let me tell you something from past experience. You  
18 have probably had a lot of experience, you are a Dean  
19 of Law.

20 THE CHAIRMAN: I don't think I have  
21 had more than you, by the sound of it.

22 MR. PELTIER: Well, wait a minute,  
23 now. I have done some study on this drug problem.  
24 I have books from Russia, I have books from China,  
25 and I have books from Canada, and I have books from  
26 the United States. I interviewed the high school  
27 students, I interviewed the public school students;  
28 I interviewed the teachers, and nearly every one of  
29 the local people say it is hopeless. There is no  
30 answer to this problem; they say there is no answer,



1 and why are these people coming from Toronto and  
2 Ottawa, trying to come and tell us there is an  
3 answer. The wise men from Toronto and Ottawa and  
4 Montreal, come and try to tell us there is an answer  
5 and they don't know, because they come in and try  
6 to find it out. Well, we will tell you what we know  
7 up here, and it is too bad you didn't come here  
8 first instead of going to Toronto. You spent about  
9 six weeks in Toronto, you would have learned more in  
10 one week here in this north country, than two months  
11 in Toronto. Let me put it to you straight. We have  
12 got fooled so many times by those wise men from  
13 Toronto, we just don't trust them any more. And I am  
14 not insulting you, but that is the way the people  
15 feel up in this north country.

16 And let me tell you one thing more  
17 that to me is very important. You are a well educated  
18 bunch of men, but you have forgotten one thing. You  
19 are relying too much on facts, figures, computer  
20 systems, adding machine systems, you know, two and two  
21 makes four. Did you go to Vancouver yet? Did you go  
22 in Chinatown and ask the Chinese people about drugs?  
23 Did you interview the Chinese people in Vancouver?

24 THE CHAIRMAN: No, we didn't.

25 MR. PELTIER: No, I knew you would say  
26 no.

27 THE CHAIRMAN: We went to Vancouver  
28 though.

29 MR. PELTIER: Yes.

30 THE CHAIRMAN: We went there publicly





1 and everyone had a chance to come and talk to us  
2 publicly.

3 MR. PELTIER: Just a minute, I happen  
4 to know Vancouver well; I happen to know Vancouver well.  
5 Here is some information for you. Who has the best  
6 record in Canada for obeying the law out of any racial  
7 group? Who has got the best record for keeping the  
8 children out of juvenile delinquency? Who has the  
9 best record? The Chinese, the Chinese! And that's  
10 where you made the first mistake. You should have  
11 gone to Chinese mothers and said, "How do you keep  
12 your children out of jail?" Out of two thousand  
13 families that were interviewed by the social courts  
14 and the social workers in Vancouver, out of two thousand  
15 people interviewed there, everybody said out of these  
16 two thousand people in families in Vancouver, the  
17 Chinese are the most law-abiding people. And the judge  
18 there said, "I had three thousand cases of juvenile  
19 delinquencies before me and not one single Chinese  
20 was among them." Only two Jewish cases. And the worst  
21 were the English, Irish and the Scotch.

22 Now, there is your secret to the whole  
23 problem. You go back to Vancouver and say to those  
24 Chinese mothers, "How do you do it?" That is your  
25 answer right there, and they will tell you how they  
26 do it, and your problem is settled, you don't need to  
27 go any further, no use going to Hamilton, Montreal,  
28 you are wasting your time. Go and ask those Chinese  
29 mothers and you have got your problem settled right  
30 there. Am I right or am I wrong?



1 THE CHAIRMAN: Do you know the answer?  
2 What are they going to tell you?

3 MR. PELTIER: They are going to tell  
4 you exactly what you should know. You are a well  
5 educated man, you are a man versed in social science;  
6 you are a man well versed in the law. Here is a  
7 doctor and he is well versed in medicine, he knows  
8 the secret of a good family; a good mother. Well,  
9 therefore, you are going to ask those Chinese mothers,  
10 and she will say, "My secret is, I keep in continued  
11 touch and I look after my children as if to me they  
12 are my own body, my own soul. I worship them and  
13 they worship me. I don't go to work, I stay here and  
14 look after them."

15 Now, that is putting it very plain;  
16 right.

17 Now, here is another problem I want  
18 you to look into. What about the laws in Russia?  
19 Do you know anything about the laws in Russia, the  
20 drug laws? They are very strict. Am I right? They  
21 are much stricter than here. I tell you right now  
22 from what I know there are more people put in jail  
23 in this country on drug charges than there are in  
24 the whole population of Russia. How do they do it?  
25 You had better send a couple of fellows over to Russia  
26 to find out how they do it. Sure, they say the Russians  
27 are stupid. They are not so stupid. They keep the  
28 kids out of jail, anyway, better than we do in this  
29 country. Right?

30 Now, here is one more problem I would



1 like to draw to your attention. Here is one that  
2 might make you a bit bewildered. This has bewildered  
3 me. I said to two high school students the other  
4 night, I said, "Now, lookit, there are approximately  
5 one thousand students in your school. How many  
6 students use drugs?" One kid, about sixteen, looked  
7 at me and said, "Are you stupid?" I said, "I guess  
8 I am stupid." And he said, "About seventy-five or  
9 eighty percent use drugs in my school." "My God", I  
10 said, "That's terrible!" One girl said, "That's  
11 right, he might be a little low. I'd say eighty-five  
12 percent." And I said, "My God, this is a terrible  
13 situation."

14 Well, I said to this boy again, "Just  
15 a minute, now. Are they steady users?" "No, they  
16 are not steady users, but I would say about six percent  
17 of them are steady users." Now, that's how bad the  
18 situation is here.

19 Now, this idea about, "We have been  
20 isolated here, sir, is the reason for why we use drugs  
21 and we are alcoholics", is not true. I was born and  
22 raised in this country. It is not true. The biggest  
23 problem in this country is poverty and unemployment  
24 and it drives men to liquor, it drives the young people  
25 to drugs; right?

26 Put that down.

27 And here is one more point I would  
28 like to draw to your attention. What is the biggest  
29 secret of any government? What is the secret of any  
30 good government? You are dealing in law, sir, what is





1 the secret? Justice. And you have a Prime Minister  
2 running around, quite a few years ago who said, "Let  
3 me in and you will have a Just Society." Well, then,  
4 if he wants a Just Society, let him do something about  
5 this drug problem. And he is a man that is highly  
6 educated, and if he can't settle that problem, well,  
7 you tell him, "Mr. Prime Minister, there are two  
8 thousand Chinese people in Vancouver that will settle  
9 the drug problem for you. And can I go there with  
10 my Commission, and, right into Chinatown, and find  
11 out how the Chinese women keep the children out of  
12 jail and keep them away from drugs?"

13 Now, I would like to draw another  
14 point to your attention, sir. Here is something that  
15 worries me. You are in trouble. Now, look, now, let's  
16 face this fact right now. Suppose you hand in a  
17 report and it is a detrimental report to the culture  
18 of this country, and you sign your name to that and  
19 about ten years from now it boomerangs on you. I am  
20 not saying that you are going to do anything wrong  
21 or right, that's not the point. I'm putting you wise.  
22 What is this culture we have got today? What is this  
23 culture we have got today? Is it an atomic culture?  
24 Is it a scientific culture? Is it a drug culture?  
25 What is it? I can tell you what it is. It is neither  
26 one of them.

27 Our civilization, our country, is  
28 Americanized. That's what our culture is. We have  
29 got to face that bitter fact. And here is some  
30 information for your gentlemen.



1 I'll bet you ten dollars if you  
2 went down and asked the Royal Canadian Mounted Police  
3 on the corner, "Do you know anything about the opium  
4 war? 1841?" He would say, "You are crazy, what has  
5 that got to do with justice?" Well, if he doesn't  
6 know anything about the opium war of 1841 then he  
7 shouldn't be on the Royal Canadian Mounted Police  
8 because that's the reason all this problem started  
9 about drugs; you know that, you fellows are pretty  
10 well read.

11 Well, the Chinese people said to the  
12 Americans, "We don't want your drugs, take them the  
13 hell out of our country. You are killing our people  
14 with your drugs, you are destroying our young people  
15 by bringing these drugs in; don't bring them in. You  
16 are destroying our culture; take them out." And  
17 the Americans and the British said, "We want your  
18 money." "The hell with your money, get the hell out  
19 with your drugs!" And the British said, "We will  
20 not. We will bring our gunboats in and force you to  
21 take our drugs."

22 Now the Americans don't do it that  
23 way, ladies and gentlemen, they don't drive up here  
24 with gunboats and say, "Force the people to take  
25 drugs." They don't come up here with cannons and  
26 tanks, they push the drugs through in a smart way,  
27 in the drug store, over the counter, by pushers,  
28 and they are demoralizing and killing our young people  
29 and driving them insane. You know that. I know it.  
30 Right?





1                   Let me tell you this. The Chinese  
2 were smart, when they put that fight up over a hundred  
3 years ago, they knew these drugs were going to kill  
4 their culture and they fought against it. But, my  
5 God, I've never seen any Canadians get up and fight  
6 about it. They do a hell of a lot of talking. Excuse  
7 my language -- but, when it comes to fighting, they  
8 are not there; they are cowards. Let me tell you  
9 this, too. You are red-blooded, hot Canadians, you  
10 are concerned with the future of this country. You  
11 must be or you wouldn't be in that job. You could  
12 be sitting home, taking it easy. Then if you feel  
13 concerned with this country, when you make up this  
14 report you will tell the truth to the people, that  
15 this drug culture imported from the United States  
16 is destroying the culture of Canada. It is killing  
17 the culture of Canada, destroying the young people,  
18 destroying our old people. We don't want drugs  
19 imported from the United States. You know it is  
20 killing the young people, it is destroying them.  
21 Why don't you say something like that in your report?

22                   There is a doctor here. He is a  
23 doctor; he is a well educated man; smart looking  
24 fellow, I can tell by the smile on his face.

25                   All right, Doctor, there are over  
26 15,000 drugs; am I not right? Over 15,000 different  
27 drugs used by doctors; right?

28                   DR. LEHMANN: (Indicates, yes)

29                   MR. PELTIER: Over 15,000 drugs used  
30 by doctors. All right. You saw it in the paper



1 where one doctor said, "Thirty to forty drugs would  
2 be sufficient, and throw the rest of the drugs in the  
3 garbage barrel". Why don't you put that in the  
4 report? To let the people know the doctors are behind  
5 you in this report. There is a statement for you to  
6 put in the report and see that it gets into the  
7 report; right? Suggestion? Don't be afraid of the  
8 doctors, I have got a couple of doctor friends and  
9 they give me hell all the time, but I give it right  
10 back to them. All right.

11 Now, here is another point.

12 Excuse me for interrupting.

13 THE CHAIRMAN: Interrupting?

14 MR. PELTIER: I want to bring one  
15 more point--

16 THE CHAIRMAN: Excuse me, I was just  
17 checking on the plane times.

18 MR. PELTIER: The plane--you better  
19 stay overnight here and you might learn something;  
20 go over downtown and look over some of these people  
21 that are in trouble.

22 Now, let's look at this thing from  
23 another angle. Suppose you hand in that report;  
24 right, six months from now, and you find out some-  
25 thing that turns up you never thought of; what are  
26 you going to do then? What are you going to do?

27 THE CHAIRMAN: Well, our mandate will  
28 be at an end when we hand in our final report and  
29 others will continue on and continue work. We will  
30 have done what we could to the best of our ability in



1 two years. We have no illusions that we are going  
2 to wrap this thing up. I agree with whatever you  
3 said about the complexity about it. We understand  
4 this, we want to make a constructive contribution  
5 in the short time we have. It is an ongoing thing,  
6 continuous, and requires a lot of effort on the part  
7 of a lot of people, and we don't think we are going  
8 to wrap it up. We know this.

9 MR. PELTIER: Wait a minutes, here  
10 is another myth. What time does your plane go?

11 THE CHAIRMAN: Six, twenty-five.

12 MR. PELTIER: Just a minute, now.  
13 Here is one more point. I want to expose a myth  
14 I heard here. Some men and women say, "I can't bring  
15 up my children; I can't handle my children; I can't  
16 educate them, bring them up." That's a doggone  
17 myth. There is thousands of children in this town  
18 handled properly and looked after by their parents,  
19 and they use that old argument, "I can't look after  
20 my children." We know what the trouble is. The working  
21 mothers involved here, and fathers, and so forth,  
22 that have been moonlighting.

23 But what I'm trying point out for you  
24 is, did you read the latest book on Switzerland,  
25 the culture of Switzerland? Switzerland has one of  
26 the lowest juvenile delinquency rates in Europe, very  
27 few Swiss boys and girls are put in jail, and the  
28 secret of that is, it is something like the Chinese  
29 women. They are very closely attached to their  
30 children. And there is the Swiss, they have got a





1 | wonderful record. The Chinese, they have got a  
2 | wonderful record.

3 |                   And another good thing about the  
4 | Chinese women, and I happen to know some of them  
5 | very well in Vancouver, and there is something lacking  
6 | in the average Canadian women today. I don't know  
7 | what it is. Maybe they are getting too hard-boiled  
8 | like the male sex. Did you ever see one of these  
9 | women working in a store with the hard mercenary look  
10 | on her face, just like a man? She hasn't got that  
11 | feminine look any more. She hasn't got the feminine  
12 | look, she has got the look of a person that is so  
13 | hard-boiled. But, you go down to Chinatown to see  
14 | those Chinese women. They are beautiful looking  
15 | women, even the old. So sincere, so relaxed, so  
16 | casual, but the Canadian women, "Oh God, I've got  
17 | to go." They are going crazy, the Canadian women,  
18 | they had better go and learn some of these other  
19 | customs, from these other people.

20 |                   Now, that's all I've got to say.

21 |                   THE CHAIRMAN: Thank you very much,  
22 | Mr. Peltier, thank you.

23 |                   I now declare this ---

24 |                   THE PUBLIC: I was wondering if I could  
25 | say something before you close?

26 |                   THE CHAIRMAN: Yes.

27 |                   THE PUBLIC: We have gone through the  
28 | practical aspect and we have considered the values,  
29 | the present values, the existing values, and the possible  
30 | values, that might be the outcome of drugs. Let us



1 take it now into the philosophical sense, and look  
2 at it that way.

3 We have reached an age of technology  
4 which is unlimited. We can destroy ourselves. But  
5 the mind, each person's individual mind, we have not  
6 delved into this, because we have set up myths in  
7 order that we don't do this sort of thing such as  
8 God, religion, etc., etc. So, deciding that maybe  
9 physical life here -- be pessimistic -- might end,  
10 say, in five years, maybe we should delve into other  
11 possibilities that are within our character such as  
12 the possibilities of the mind, ESP, extra-sensory  
13 powers, and things like this. And maybe this could  
14 be one of the reasons, the prime reason why the youth  
15 of today are indulging in drugs, not to escape, like,  
16 our present values, because they are irrelevant.

17 And so they want to gain a new  
18 experience in the philosophical sense. In other words,  
19 instead of looking at the world, you look at the  
20 universe, type of thing, and you go out in your own  
21 individual mind. That's all.

22 THE CHAIRMAN: Thank you.

23 I think I must now close this hearing  
24 and thank you all, very much, for your reception of  
25 us here and the assistance you have given us. We have  
26 had a very informative, helpful day. Thank you.

27  
28 --- Upon adjourning at 5:20 p.m.  
29  
30

















